



MEMBER ENQUIRY FORM

NAME:

DATE:

MOBILE PHONE NUMBER:

EMAIL ADDRESS:

PLACE OF WORK:

DOB:

HOW OFTEN WILL YOU USE THE GYM? (Please tick)

ONCE A MONTH ONCE A WEEK 2-3 TIMES A WEEK 4 OR MORE TIMES A WEEK

WHAT ARE YOUR HEALTH AND FITNESS GOALS? (please tick)

WEIGHT LOSS IMPROVED GENERAL FITNESS TONE & DEFINITION BULKING UP

DO YOU HAVE A SPECIFIC DATE TO WORK TOWARDS? IF SO WHEN?

DO YOU PREFER TO TRAIN? (Please tick)

BY YOURSELF WITH A PARTNER IN A GROUP

WHAT ARE YOUR FITNESS INTERESTS (Please tick)

CLASSES CARDIO RESISTANCE MACHINES FREE WEIGHTS PERSONAL TRAINING SPA

IF CLASSES WHAT TYPE OF CLASS DO YOU ENJOY?

WHEN IS THE BEST TIME TO CONTACT YOU (Please tick)

MORNING AFTERNOON EVENING

HOW DO YOU PREFER TO PAY FOR YOUR GYM MEMBERSHIP (Please tick)

PAY AS YOU GO EVERY MONTH EVERY 3 MONTHS EVERY 12 MONTHS

DID YOU LEAVE A GYM TO JOIN US, IF SO WHY?

HOW DID YOU HEAR ABOUT XCHANGE FITNESS?

TO BE COMPLETED BY A MEMBER OF STAFF:

STAFF NAME:

WALK IN PHONED UP REFERRAL CORPORATE MEMBERSHIP SCHEME

BEST TYPE OF MEMBERSHIP: