



Total Fitness



Please complete the following form: * indicates a required field

Personal Details

Name: * Address: *
Phone Number: * Email: *
Date of Birth: * Gender: ☒ Male ☐ Female
Password: * Confirm Password: *

Physical Condition

--SELECT--

Membership

Category: ☒ Student ☐ Adult ☐ Senior ☐ Off-Peak
Term: ☒ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Exercise Aims

☐ Health ☐ Energy ☐ Fitness
☐ toning ☐ Weight Loss ☐ Rehab

Payment

Payment type: ☒  ☐  ☐ 

Are you interested in other services?

☐ None ☐ Massage ☐ Personal Training
☐ Nutrition ☐ Steam Room ☐ Fitness Classes

Other Details

Upload a photo of yourself

No file chosen