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شارع زعبيل . بناية مونتانا
صندوق البريد: ١١١٧٥٢ . دبي - الامارات العربية المتحدة
هاتف: ٣٣٧٢٧٥٥ ٤
فاكس: ٣٣٧٢٧٥٦ ٤
البريد الالكتروني: abdul@colosseumuae.com
الموقع الالكتروني: www.colosseumuae.com

MEMBERSHIP APPLICATION FORM

Membership No.

Photo

First Name

Middle Name

Last Name

Nationality _____ Date of Birth _____ Gender Male Female

Company _____

Position _____

Mobile _____

Email _____

Spouse Name _____

Date of Birth _____

Membership type

- Gold
Platinum
VIP
Classes
Other

Class Type

- Martial Arts Personal
Martial Artg Group
Swimming
Fitness Personal
Other

Period

- 1 Month
3 Months
6 Months
12 Months
Other

Details

- Single Male/Female
Couple
Family
Corporate
Other

Other Membership Details : _____

Locker Rental Details:

Locker No.: _____ Starting Date : _____ End Date : _____

Other Details: _____

I would like to recommend the following person for one free day pass.

Name _____ Contact No. _____

How were you introduced to colosseum? _____

Signature _____

Date _____

For Official use only

Starting date _____

Exp. date _____

Amount: _____

Payment mode : Cash Card Cheque

Receipt No. _____

Made by _____

Signature _____

Remarks _____

Membership card submitted on: _____

Verified by: _____

Signature _____

M/S Card printed on: _____

D.E. By _____