



Universal 360°, a division of Universal Healthcare Services (Pty) Ltd,  
Registration no 2008/005871/07  
Universal House, 15 Tambach Road,  
Sunninghill Park, Sandton, 2191

PO Box 1411, Rivonia 2128

Telephone: +27 11 208 1000  
Facsimile: 086 504 1545  
E-mail: 360@universal.co.za  
www.universal360.co.za



## Shapes for Women Enrolment Form

|                           |  |                      |                            |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
|---------------------------|--|----------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|----------------------|--|
| 360° Beta membership no.: | <input type="text"/>   | OR                   | 360° Alpha membership no.: | <input type="text"/> |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Name:                     | <input type="text"/>   | Surname:             | <input type="text"/>       |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Identity no.:             | <input type="text"/>   | E-mail:              | <input type="text"/>       |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Cell no.:                 | <input type="text"/>   | Fax no.:             | <input type="text"/>       |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Home no.:                 | <input type="text"/>   | Work no.:            | <input type="text"/>       |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Physical address:         | <input type="text"/>   |                      |                            |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
|                           | <input type="text"/>   |                      |                            |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| Sign-up date:             | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D                    | D                          | M                    | M                    | Y                    | Y                    | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Contract term: | <input type="text"/> |  |
| D                         | D  | M                    | M                          | Y                    | Y                    | Y                    | Y                    |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |
| <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |   |   |                      |                      |                      |                      |                      |                      |                      |                      |                |                      |  |

*To be completed by your chosen branch:*

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Branch name:    | <input type="text"/> | Branch tel no.: | <input type="text"/> |
| Branch fax no.: | <input type="text"/> | Branch e-mail:  | <input type="text"/> |

I hereby confirm that the information on this form is correct.

Signature of 360° member

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D                    | D                    | M                    | M                    | Y                    | Y                    | Y                    | Y                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date

Please fax the completed form to Universal 360° at 086 504 1545 or e-mail to [360@universal.co.za](mailto:360@universal.co.za).