



Member Tag #: _____

Staff Member: _____

Source: _____

MEMBERSHIP AGREEMENT

MEMBER DETAILS

First Name:		Surname:	
Date of birth:	Email:		
Work Phone:	Home Phone:	Mobile Phone:	
Address:			
Town:	State:	Post Code:	
Gender: M / F			

EMERGENCY CONTACT DETAILS FOR MEMBER

Name:		Relationship to you:	
Mobile Phone:	Home Phone:		

EMPLOYMENT DETAILS

Company Details / Company Name: _____

MEMBERSHIP DETAILS

- | | | |
|--|-----------------------|--------------------|
| <input type="checkbox"/> 21 Days for \$75 Trial Membership | Monthly Amount: _____ | Joining Fee: _____ |
| <input type="checkbox"/> 12 Months Customised Membership | Monthly Amount: _____ | Joining Fee: _____ |
| <input type="checkbox"/> 12 Months Basic Membership | Monthly Amount: _____ | Joining Fee: _____ |
| <input type="checkbox"/> 3 Months Customised Membership | Monthly Amount: _____ | Joining Fee: _____ |
| <input type="checkbox"/> 3 Months Basic Membership | Monthly Amount: _____ | Joining Fee: _____ |

Membership Start Date:

____/____/____

First Direct Debit Date:

____/____/____

ACKNOWLEDGEMENT

I understand that upon completion of my minimum term date, my fortnightly debits will continue on a monthly basis until I give 30 days written notice of my intent to terminate my membership agreement. I acknowledge that I have read the terms and conditions of my membership.

By signing this membership agreement you acknowledge having read and understood the terms and conditions governing this membership between you and THE GYM Yamba as set out in this agreement.

Signature: _____ **Staff Member:** _____ **Date:** ____/____/____

PARENT / GUARDIAN CONSENT (IF UNDER 18 YEARS OLD)

I, _____ (Print full name) give consent for the above mentioned minor to participate in an exercise program at THE GYM Yamba. As parent/guardian I understand that I am responsible for any outstanding debt incurred by the minor.

Relationship of Guardian: _____ Guardian Phone # _____

Guardian Address: _____

Guardian Signature: _____ Today's Date: _____