

Membership Application

Personal Details

Mr Mrs Ms Miss

First Name: _____ Surname: _____

Date of Birth: _____

Residential Details

Postal Address: _____

Suburb: _____ Postcode: _____

Contact Details

Telephone: _____ Mobile: _____

Email: _____

Emergency Contact: _____ Emergency Ph: _____

Family Members

Date of Birth

Health & Fitness Member #

Sports Club Member #

	Date of Birth	Health & Fitness Member #	Sports Club Member #
1.			
2.			
3.			

Date: _____ Payment: _____ Receipt: _____ Balance: _____

TOTAL FEE: _____

TYPE: _____ DURATION: _____

EXPIRY: _____

Suspension taken: Yes No

Other information (including medical conditions): _____

How did you hear about us:

Friend referral Local newspaper Facebook Sporties website Passing by

My signature is my acknowledgement that I will read the 'Membership Procedure' when mailed to me with my membership key-tag and that I agree to abide by such regulations as stated. I acknowledge that 'Sporties Health & Fitness' will in no way be under any liability for my person whilst on the Centre premises. I understand that no refunds will be given. Management reserves the right to suspend or terminate any member not abiding by Centre policy. Membership is non-transferable. Key-tags are not to be utilised by any other person at any time. Violation of this may incur a loss of membership.

Member Signature

Date: _____

LMS I.D. No: _____

Key-Tag No: _____