|  |
| --- |
| Member’s Details |
| First Name |  | Last Name |  |
| DOB |  | Sex | Female / Male |
| Address |  |
| Suburb |  | Post Code |  |
| Mobile Number  |  | Home Phone |  |
| Email Address |  |
| Emergency Contact |
| Name |  | Relationship |  |
| Mobile # |  | Home/Work # |  |

|  |
| --- |
| Insurer |
| Insurer Company  |  |
| Contact Person |  |
| Email  |  |
| Phone |  |
| Claim Number  |  |

|  |
| --- |
| Rehabilitation Provider Rehabilitation Provider must email a copy of their current Public Liability with this form |
| Company  |  |
| Contact Person |  |
| Email  |  |
| Phone |  |

|  |
| --- |
| Membership |
| 3 Month Membership  | Fixed 3 Month Membership 24/7 Access $ 415 + GST |

|  |
| --- |
| Method of Payment  |
| Invoice | Transfer Funds to:Account Name: Amberlee Corporation Pty LtdAcc # 300007BSB: 036-187Use Invoice Number as Reference |

To complete the membership application, the member is required to visit the Gym Office during opening hours to submit this application form and complete the Terms & Conditions and collect their entry fob to the premises:

By signing below, I agree to the terms of the membership and Fitness Hub Bullsbrook Conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| Member Signature: |  | Signature Date: |  |
| Witness (Staff) Signature: |  | Signature Date: |  |