

## Shark Bay Community Gym Membership Form

## **MEMBERSHIP TYPE:**

<u>ADULT</u>	CONCESSION 7	STUDENT (15 - 17) <sup>2</sup> Add on to Adult Membership MUST NOT be standalone.	FAMILY 2 Adults & 1-2 STUDENTS	FAMILY CONCESSION  Both parents MUST have concession cards.	
1 month	1 month	1 month	1 month	1 month	
3 month	3 month	3 month	3 month	3 month	
6 month	6 month	6 month	6 month	6 month	
12 month	12 month	12 month	12 month	12 month	
Services Australia Health (*2 - Student Memberships Membership by the parent	Care Card, Services Australia Pension are limited to youth aged from 15 to	(DVA) Commonwealth Seniors Heali ner Concession Card, Services Austra 17 years of age. This membership c It be accompanied by this parent or	alia Commonwealth Seniors He an only be purchased ancillary	alth Card	
Full Name:					
Address:					
Suburb & Postco	de:				
Mobile:					
Date of Birth :					
Email:					
		dence of Shark Bay Accom ou must provide evidence			
FAMILY MEN	MBERSHIP				
ADULT TWO:					
Full Name:					
Mobile:					
Email:					
STUDENT ONE:					
Full Name:					
Mobile:					
STUDENT TWO:					
Full Name:					
Mobile:					



## Shark Bay Community Gym Membership Form

EMERGENCY	CONTACT D	ETAILS						
Name :								
Mobile :	Relationship :							
DECLARATIO	ON							
		s and conditions, and Bay Community Gym	-		erm of the	e membership. I		
Name :								
Signature :			Da	te:	_ /	/		
Parent / Guardia Signature :				ate:	/	/		
Signature:		ite:	′	′				
OFFICE USE	ONLY							
Tag Number :	Trust Number :			Trust Deposit : \$				
Start Date :	/	/	Expiry Date :		/			
Officer Name :		Receipt Number :		Synergy	#:			
Confirmed :	Terms and conditions declaration signed		Entered into Excel spreadsheet					
	Entered in AVIGILON ALTA			Entered into Synergy				
		Photocopy	'ID					