



Shark Bay Community Gym Membership Form

MEMBERSHIP TYPE:

<u>ADULT</u>		<u>CONCESSION¹</u>		<u>STUDENT (15 - 17)²</u> <small>Add on to Adult Membership MUST NOT be standalone.</small>		<u>FAMILY</u> <small>2 Adults & 1-2 STUDENTS</small>		<u>FAMILY CONCESSION</u> <small>Both parents MUST have concession cards.</small>	
3 month	<input type="checkbox"/>	3 month	<input type="checkbox"/>	3 month	<input type="checkbox"/>	3 month	<input type="checkbox"/>	3 month	<input type="checkbox"/>
6 month	<input type="checkbox"/>	6 month	<input type="checkbox"/>	6 month	<input type="checkbox"/>	6 month	<input type="checkbox"/>	6 month	<input type="checkbox"/>
12 month	<input type="checkbox"/>	12 month	<input type="checkbox"/>	12 month	<input type="checkbox"/>	12 month	<input type="checkbox"/>	12 month	<input type="checkbox"/>

¹ - Eligible Concession Cards: Department of Veterans Affairs (DVA) Commonwealth Seniors Health Card, DVA Pensioner Concession Card, DVA Veteran Gold Card, Services Australia Health Care Card, Services Australia Pensioner Concession Card, Services Australia Commonwealth Seniors Health Card

² - Student Memberships are limited to youth aged from 15 to 17 years of age. This membership can only be purchased ancillary to an Adult or Concession Membership by the parent or guardian. Student Members must be accompanied by this parent or guardian at all times.

PERSONAL INFORMATION:

Full Name:

Address:

Suburb & Postcode:

Mobile:

Date of Birth :

Email:

Temporary Residents & Travelers Evidence of Shark Bay Accommodation.

To be eligible for a gym membership, you must provide evidence of accommodation.

FAMILY MEMBERSHIP

ADULT TWO:

Full Name:

Mobile:

Email:

STUDENT ONE:

Full Name:

Mobile:

STUDENT TWO:

Full Name:

Mobile:



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EMERGENCY CONTACT DETAILS

Name : _____

Mobile : _____ Relationship : _____

DECLARATION

I have read and understood the Terms and Conditions and Code of Conduct, and agree to uphold them for the term of the membership. I confirm that I am entering the Shark Bay Community Gym and exercising at my own risk.

Name : _____

Signature : _____ Date : ____ / ____ / ____

If you are under the age 18, both you and your parent/guardian confirm that you have read and understood the terms and conditions and that you cannot attend the gym without your parent or guardian present.

Parent / Guardian: _____

Signature : _____ Date : ____ / ____ / ____

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