

Staff Name:

Signature:

AQUATIC & FITNESS CENTRES

Muswellbrook & Denman

FITNESS CENTRE MEMBERSHIP APPLICATION

OFFICE USE ONLY

Card/Member No.:

Date issued:

APPLICANT DETAILS

| | | |
|--------------------|----------------------|--|
| Title: | Given Names: | |
| Date of Birth: | Daytime Contact No.: | |
| Email: | | |
| Postal Address: | | |
| Emergency Contact: | Phone: | |

| GYM MEMBERSHIP OPTIONS | ADULT | CONCESSION/STUDENT | FAMILY |
|---|--------------------------------|--------------------------------|---------------------------------|
| Casual Visit (gym only, includes classes) | <input type="radio"/> \$20.00 | <input type="radio"/> \$16.50 | N/A |
| Fortnightly Direct Debit | <input type="radio"/> \$36.50 | <input type="radio"/> \$29.00 | <input type="radio"/> \$65.00 |
| Upfront - 1 month | <input type="radio"/> \$80.00 | <input type="radio"/> \$70.00 | <input type="radio"/> \$140.00 |
| Upfront - 12 months | <input type="radio"/> \$930.00 | <input type="radio"/> \$735.00 | <input type="radio"/> \$1700.00 |
| 20 Visit Pass | <input type="radio"/> \$240.00 | <input type="radio"/> \$200.00 | N/A |

| GYM & SWIM MEMBERSHIP OPTIONS | ADULT | CONCESSION/STUDENT | FAMILY |
|-------------------------------|---------------------------------|-------------------------------|---------------------------------|
| Fortnightly Direct Debit | <input type="radio"/> \$48.00 | <input type="radio"/> \$37.50 | <input type="radio"/> \$77.00 |
| Upfront - 12 months | <input type="radio"/> \$1150.00 | N/A | <input type="radio"/> \$2300.50 |

MEMBER'S FORTNIGHTLY DIRECT DEBIT DETAILS *Direct Debit Joining Fee will apply. Prices current as at 2023/2024 financial year.*

Please start my membership from date:

Fortnightly Direct Debit memberships are required to pay a once off \$45 joining fee. Muswellbrook Shire Council User ID 183554 may debit and/or charge through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the service agreement and the payment options below. Membership cancellation requires 2 weeks notice.

| |
|------------------------|
| Financial Institution: |
| Account Name: |
| BSB Account Number: |
| Signature 1: |
| Signature 2: Date: |

By signing this Direct Debit Request you acknowledge you have read and understood the terms and conditions governing the debit arrangements between you and Muswellbrook Shire Council as set out in this request and in your Direct Debit Service Agreement.

If a joint account, please have all account holders' sign. If the account is held by a company, please have one director and the company secretary each sign. If you are signing for and on behalf of another person or entity, please state the capacity in which you sign, in the signature box.

