|  |  |  |  |
| --- | --- | --- | --- |
| 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 Ltd  Acc # 300007  BSB: 036-187  Use 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: |  |