

APPLICATION FORM
MONTHLY MEMBERSHIP / DIRECT DEBIT
2012



HOB

PERSONAL DETAILS

Surname		First name	
Email		Phone	
Links member no.			

MEMBERSHIP OPTIONS

Your chosen option A UTAS STUDENT/SENIOR, B UTAS STAFF/ALUMNI, C COMMUNITY

	Gold	Bronze
A. UTAS Student	<input type="checkbox"/> \$ 62.33	<input type="checkbox"/> \$ 54.17
B. UTAS Staff	<input type="checkbox"/> \$ 66.25	<input type="checkbox"/> \$ 57.58
C. Community Concession	<input type="checkbox"/> \$ 70.17	<input type="checkbox"/> \$ 61.00
D. Community	<input type="checkbox"/> \$ 77.92	<input type="checkbox"/> \$ 67.75

STAFF USE ONLY

AUTHORISED BY

STAFF NAME _____

INITIAL _____

DATE _____

MONTHLY PAYMENT PLAN

Joining fee	\$75.00
Pro Rata Amount (FROM JOINING DATE TO 14TH OF THE MONTH) - SYSTEM CALCULATES	\$
Next Payment Amount (IF JOINING BETWEEN 10TH & 14TH OF THE MONTH) - SYSTEM CALCULATES	\$
TOTAL PAYABLE IN CASH	\$
Ongoing payment amount (via bank account) (RATES AS ABOVE)	\$
First Payment Date from bank (15th of each month) ___ / ___ / ___	
MEMBERSHIP WILL CONTINUE UNTIL THE MEMBERSHIP IS CANCELLED BY THE MEMBER WITH UNIGYM. (30 DAYS WRITTEN NOTICE REQUIRED)	

BANK DETAILS

Bank Name		Branch Name	
Bank BSB		Account No	
Account Holder's Name		<input type="checkbox"/> Staff sighted	

TERMS AND CONDITIONS

<input type="checkbox"/> I have read and fully understand the Terms and Conditions provided.		
FULL NAME	SIGNATURE	DATE