

**APPLICATION FORM
DIRECT DEBIT
2012**



PERSONAL DETAILS

Surname		First name	
Email		Phone	
Links member no.			

STAFF USE ONLY

AUTHORISED BY _____
 STAFF NAME _____
 INITIAL _____
 DATE _____

MEMBERSHIP OPTIONS

Your chosen option A UTAS STUDENT, B UTAS STAFF/SENIORS/PENSIONERS, C GUEST, D DISCOUNTED GUEST

	Bronze
A. UTAS Student	<input type="checkbox"/> \$47.00
B. UTAS Staff	<input type="checkbox"/> \$49.90
C. Community Concession	<input type="checkbox"/> \$52.80
D. Community	<input type="checkbox"/> \$58.70

MONTHLY PAYMENT PLAN

Joining fee	\$75.00
Pro Rata Amount (FROM JOINING DATE TO 14TH OF THE MONTH) - SYSTEM CALCULATES	\$
Next Payment (APPLICABLE 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