



PERSONAL DETAILS

Surname		First name		Title
Date of Birth		Occupation		M / F
Phone (h)		Phone (w)	Mobile	
Postal Address				
State	Postcode	Email		

[PLEASE COMPLETE ALL SECTIONS]

EMERGENCY CONTACT INFORMATION

Name	Relationship
Phone	Mobile
Doctor's Name	Contact Phone

MEMBER DETAILS

Please tick your category

OFFICE USE ONLY

<input type="checkbox"/> UTAS Student / Senior / Pensioner / External Student
<input type="checkbox"/> UTAS Staff / UTAS Alumni
<input type="checkbox"/> Community

Card No.	Valid Y / N
Card No.	Valid Y / N

To help us continually improve our services please answer the following questions:

How did you hear about Unigym?

Word of Mouth UTAS Media Unigym Website Other (please specify)

What activities or facilities have brought you to Unigym?

Les Mills Fitness Classes Zumba Circuit Classes Yoga & Pilates Spin
 Cardio Equipment Resistance Equipment
 Tennis Squash Sports Hall Dojo AMC Pool
 Other (please specify)

What time of the day are you most likely to visit?

7am to 9am 9am to 1pm 1pm to 4pm 4pm to 7pm 7pm to 9pm

What day are you most likely to visit?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the main reason you joined Unigym?

Cost of Memberships Facilities Friends Opening Hours Programs/classes available Location (convenient)
 Staff Reputation Other (please specify)

MEMBERSHIP TYPES

Your chosen option **A** FIXED TERM, **B** DIRECT DEBIT/ONGOING MONTHLY, **C** UTAS SALARY SACRIFICE, **D** POOL, **E** FACILITY

A. Fixed Term	UTAS Student	UTAS Staff	Community Concession	Community
BRONZE 12 Months	<input type="checkbox"/> \$563	<input type="checkbox"/> \$598	<input type="checkbox"/> \$634	<input type="checkbox"/> \$704
6 Months	<input type="checkbox"/> \$370	<input type="checkbox"/> \$393	<input type="checkbox"/> \$416	<input type="checkbox"/> \$462
3 Months	<input type="checkbox"/> \$214	<input type="checkbox"/> \$272	<input type="checkbox"/> \$288	<input type="checkbox"/> \$320
5 Session Pass	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
10 Session Pass	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140	<input type="checkbox"/> \$150

* PLEASE READ GENERAL AND SPECIAL TERMS APPLICABLE TO YOUR MEMBERSHIP.

B. Direct Debit / Monthly Membership*	UTAS Student	UTAS Staff	Community Concession	Community
Bronze (12 Months)	<input type="checkbox"/> \$47.00	<input type="checkbox"/> \$49.90	<input type="checkbox"/> \$52.80	<input type="checkbox"/> \$58.70

* THESE PRICES ARE THE MONTHLY FEE. PLUS AN UP-FRONT JOINING FEE OF \$75. PLEASE CAREFULLY READ THE MONTHLY MEMBERSHIP DIRECT DEBIT SPECIAL TERMS AND CONDITIONS.

C. UTAS Salary Sacrifice*	12 Months	6 months	3 Months
Once-off Deduction	<input type="checkbox"/> \$598	<input type="checkbox"/> \$393	<input type="checkbox"/> \$272
Fortnightly Payment Plan	<input type="checkbox"/> \$23		

* IS AVAILABLE FOR UTAS STAFF ONLY FOR A 3, 6 OR 12 MONTH MEMBERSHIP (ONCE OFF DEDUCTION) OR A PERPETUAL (ON-GOING) MEMBERSHIP. PLEASE READ THE SALARY SACRIFICE TERMS AND CONDITIONS. PERPETUAL MEMBERSHIPS WILL INCUR A \$75 ESTABLISHMENT FEE, TERM MEMBERSHIPS DO NOT INCUR THIS FEE.

E. Facility Membership	UTAS Staff / UTAS Student	Community Concession	Community
12 Month Facility Membership	<input type="checkbox"/> \$10	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
1 Month Facility Membership	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10

* PLEASE READ GENERAL AND SPECIAL TERMS AND CONDITIONS APPLICABLE TO YOUR MEMBERSHIP

UNIGYM STAFF ONLY

PLEASE TICK

- New member Renewing member
- Health screen completed - Stage One completed and member notified of suitable exercise intensity
 - Stage Two (if applicable) completed and member notified of suitable exercise intensity
 Witness: _____ Date: _____
- Medical Clearance form given Yes No Date received _____
- Induction Completed Date Completed _____
- Informed client about Clause 6 of Terms and Conditions.
- Client Given: General TC Version 1.1 UTAS Staff STC Version 1.1 UTAS Student STC Version 1.1
 Community Concession STC Version 1.1 Fixed Term STC Version 1.1 Session Card STC Version 1.1
 Monthly Membership / Direct Debit STC Version 1.1 Facility STC Version 1.1
- Issued card to client.
- Have attached copy of relevant document or sighted discount cards.
- Client application: Accepted Denied Reason _____

I have answered the Health Screen honestly and to the best of my knowledge. I understand that if I exercise above the agreed intensity recommended to me by Unigym staff, that I do so at my own risk. I also acknowledge that have been provided with a copy of the terms and conditions applicable to my Unigym membership. I have been informed, and understand, that I should make myself aware of all applicable terms and conditions before signing up for membership, as I will be bound by them where I become a member. I specifically acknowledge that my attention has been drawn to the terms and conditions relating to responsibility for personal injury that I might suffer when participating in activities at Unigym.

SIGNATURE	DATE
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