



PERSONAL DETAILS

Surname		First name	
Email		@utas.edu.au	Phone
Links member no.			

Are you casual employee of UTAS? YES NO IE. DO YOU NEED TO COMPLETE CLAIM FORM TO BE PAID?
IF YES YOU ARE NOT ELIGIBLE FOR SALARY SACRIFICE, PLEASE CHOOSE ANOTHER METHOD FOR PAYMENT

MEMBERSHIP OPTIONS

Your chosen option A 12 MONTHS, B 6 MONTHS, C 3 MONTHS, D PERSONAL TRAINING

A. 12 Months CHOOSE OPTION BELOW	Once-Off Deduction	Fortnightly Payment Plan PER PAY DAY FORTNIGHT
Gold	<input type="checkbox"/> \$795	<input type="checkbox"/> \$30.58
Bronze	<input type="checkbox"/> \$691	<input type="checkbox"/> \$26.58

STAFF USE ONLY
AUTHORISED BY _____
STAFF NAME _____
INITIAL _____
DATE _____

B. 6 Months \$400

C. 3 Months \$272

D. Personal Training CHOOSE OPTION BELOW		
Program & update	<input type="checkbox"/> \$55	60 min
1 Session	<input type="checkbox"/> \$55	60 min
5 x Sessions	<input type="checkbox"/> \$265	60 min each
10 x Sessions	<input type="checkbox"/> \$530	60 min each

SALARY SACRIFICE DEDUCTIONS AMOUNTS WILL BE GST EXCLUSIVE

Once-off Deduction
Amount of \$ _____ to be sacrificed in one payment from the next available pay

<input type="checkbox"/> Fortnightly Payment Plan (Only applicable for 12 month memberships)	
Joining fee	\$75.00
Fortnightly Payment Amounts (as above) @ \$ _____ x 2 =	\$
Initial Amount Deductible	\$
Standard fortnightly payment of \$ _____ will commence from next available pay after Initial Payment has been deducted.	
MEMBERSHIP WILL CONTINUE UNTIL THE MEMBERSHIP IS CANCELLED BY THE MEMBER WITH UNIGYM. (30 DAYS WRITTEN NOTICE REQUIRED)	

TERMS AND CONDITIONS

I have read and fully understand the Terms and Conditions provided.

FULL NAME	SIGNATURE	DATE
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