



GYM

Application for Membership

Declaration:

I, (Applicants Name - Print) _____

of (Postal Address) _____

(Contact Telephone Number) (H) _____ (Mobile) _____

Email Address _____

In making this application, acknowledge that I am 16 years of age or older and that this membership application entitles only me as a member to access the Ravensthorpe Gym and Hopetoun Gym.

By signing this application I understand I am fully responsible for my own health and wellbeing when utilising the facility and or engaging in any exercise program herewith. I also accept that failure to abide by the conditions of Gym Entry will result in cancellation of my membership. I indemnify the Shire against any loss or liability to my person and or property as a result of my participation and or utilisation of the facility.

- ☐ I give my permission for the Shire of Ravensthorpe to use my email address for surveys, notification of new programs, programs of interest, newsletters and other relevant information.

I understand that the Shire of Ravensthorpe will not under any circumstances sell or share my details with any other party unless required by law.

Applicant

Date

Parent / Guardian (If Applicant under 18 years)

Date

Note: To ensure the fob remains operational, we request that the fob be stored separately from any form of magnetic card or mobile telephone as this may interfere with scanning.

Office Use Only

Membership Receipt # _____ Date: _____ Staff Initial: _____

☐ Day	\$15.00	☐ 3 Months	\$120.00
☐ Week	\$33.00	☐ 6 Months	\$213.00
☐ Month	\$60.00	☐ Annual	\$345.00
☐ 25% Discount Aged Pensioner		Expiry Date _____	
☐ \$40.00 Bond		Trust number T _____	

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* For bond refunds please use bond request form and attach this application to the back

* If issuing a replacement key please ensure a lost key form is completed and a new \$40 bond is also charged