

Gym | Application for membership



Personal Details

Applicants Name (Please print) _____

Postal address _____

Contact Telephone Number (Home) _____ (Mobile) _____

Email address _____

Declaration:

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.

Signature

Applicant Signature

Date

Parent/Guardian (If applicant under 18 years)

Date

PLEASE 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: _____

- | | |
|--|--|
| <input type="checkbox"/> Month \$60.00 | <input type="checkbox"/> 3 Months \$120.00 |
| <input type="checkbox"/> 6 Months \$213.00 | <input type="checkbox"/> Annual \$345.00 |
| <input type="checkbox"/> 25% Discount Aged Pensioner | <input type="checkbox"/> 50% Discount Emergency Service Volunteer |
| <input type="checkbox"/> \$12.50 <i>Non-refundable gym access fob fee</i> | Expiry date _____ |
-

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