Gym | Application for casual 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.

☐ I understand that by signing this form, I consent to providing my bank account details for the purpose of receiving my bond refund. I acknowledge that the refund may take up to two weeks to be processed.

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.

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

Office Use Only

Membership Receipt #_____ **Date:** _____ **Staff Initial:** _____

☐ **Day** $15.00 ☐ **Week** $33.00

☐ **25% Discount** Aged Pensioner ☐ **50% Discount** Emergency Service Volunteer

☐ ***$40.00 Bond* - Trust number T**_____ **Expiry date**_____

Membership Receipt #_____ **Date:** _____ **Staff Initial:** _____

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