Health Club Membership Form

Gym, Swim, Fitness Classes and more...

WOLLONDILLY Community Leisure Centre

MR / MRS / MISS / MS (Please Circle)

Name: _____

Address: _____ Post Code: _____

Date of Birth: _____ / _____ / _____

Phone Number (H): _____ (W): _____ (M): _____

Membership Options:

Adult - Fortnightly Automatic Debit ☐ $35 per fortnight (No Lock-in) *or* ☐ $30 per fortnight (12month contract)

Concession* - Fortnightly Automatic Debit ☐ $27 per fortnight (No Lock-in) *or* ☐ $23 per fortnight (12month contract)

Adult - 3 Months Up-Front ☐ $265 in advance - *(pay in person by, cash, cheque or credit card)*

Concession* - 3 Months Up-Front ☐ $195 in advance - *(pay in person by, cash, cheque or credit card)*

* Proof of concession must be shown at reception prior to commencing the membership

Terms and Conditions:
- Automatic Debit memberships are based on periodical membership payment from a bank account or credit card nominated by yourself and at an amount and frequency nominated within this agreement.
- Any rejected Automatic Debits may incur a $20 administration fee which will be automatically debited along with the following Direct Debit payment.
- Automatic Debit memberships are ongoing, and do not have an expiry date or cancellation date until notification is given as per the conditions below.
- Membership is valid for the person listed above only.

Cancellation & Suspension:
- 30 days notice is required for cancellation of 'No Lock-in' memberships.
- 60 days notice is required for cancellation of '12 month contract' memberships.
- All cancellations must be made in person at the centre by completing a cancellation form.
- Memberships can not be suspended during the notification period.
- 14 days notice is required for membership suspension & you can suspend for up to 60 days per year (resetting in October each year).
- You will incur a processing fee of 25c per day for the duration of the suspension.
- Membership payments will automatically recommence at the end of the suspension period.

Request for Debiting Amounts to ***Bank Account***

I/WE request and authorise Leisure Management Services Pty Ltd, (trading as Wollondilly Community Leisure Centre) to debit my membership payment through the Bulk Electronic Clearing System from the account listed below. By signing this Direct Debit request, I acknowledge that I have read and understood the terms and conditions governing this Direct Debit agreement between myself and Wollondilly Community Leisure Centre. This authority shall stand, in respect of the specified account, until I notify Wollondilly Community Leisure Centre in writing of its cancellation.

FULL NAME/S OF ACCOUNT	
BANK OR FINANCIAL INSTITUTION	
BRANCH WHERE ACCOUNT HELD	

BSB NUMBER (6 digits)							ACCOUNT NUMBER												

Account Holder/s Signature/s: _____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

OR

Request for Debiting Amounts to ***Credit Card***

I/WE request and authorise Leisure Management Services Pty Ltd, (trading as Wollondilly Community Leisure Centre) to debit my membership payment to my specified credit card described below. By signing this Direct Debit request, I acknowledge that I have read and understood the terms and conditions governing this Direct Debit agreement between myself and Wollondilly Community Leisure Centre. This authority shall stand, in respect of the specified Credit Card, and in respect of any card issued to me in renewal or replacement thereof, until I notify Wollondilly Community Leisure Centre in writing of its cancellation.

Card Type: Mastercard Visa

Cardholder Number																	

Expiry Date | | | | |

Cardholder's Name: _____ (Print)

Cardholder's Signature: _____ Date: _____ / _____ / _____