

# MEMBERSHIP AGREEMENT



Bathurst Aquatic Centre  
Elizabeth St  
Bathurst NSW 2795  
02 6331 3333  
ABN 18 118 940 063

Membership No: \_\_\_\_\_

## CUSTOMER DETAILS

Mr. Mrs. Ms. Miss. \_\_\_\_\_ Sex: male/female D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ P/Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (m) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Source of Introduction \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

## MEMBERSHIP TERM AND FEES

In consideration of the centre permitting me to attend the Centre for an initial minimum term of \_\_\_\_\_ days/months commencing on \_\_\_\_\_ (the Commencement Date) I, the undersigned agree to pay the Centre or its successors at the times indicated for the membership option chosen below.

### 1. PAID IN FULL MEMBERSHIP (due on date of signing)

\$ \_\_\_\_\_ joining fee

\$ \_\_\_\_\_ membership fee,

Special Conditions

### 2. DIRECT DEBIT MEMBERSHIP

\$ \_\_\_\_\_ joining fee

for terms of Direct Debit refer to Direct Debit Request (DDR) & Contract

## MEMBERSHIP PAYMENT

If you fail to make complete payment at any given time you will be notified and given 14 days to remedy the outstanding payment. If you have not remedied the situation within 14 days we will inform you in writing of the action we will take and you will be suspended from using the Centre until outstanding monies are paid in full.

## PRIVACY DISCLAIMER

1. You agree that we may use your personal information for internal marketing purposes. We may use your personal information to develop marketing lists and other programs. We may include your name and contact details on marketing lists and offer you goods and services by mail, telephone, facsimile, email or SMS.
2. If you do not agree to this Privacy Disclaimer, please tick this box.

## LEGALLY BINDING AGREEMENT

1. This agreement is legally binding whether my use of the facility and its services is determined and paid on a yearly, monthly, weekly or individual basis.
2. The membership must remain current in order to avoid paying the joining fee again.
3. I declare that I am physically and medically fit and capable to engage in exercise and fitness programs at the Centre. I have and will inform instructors of any condition or risk that may have an affect on my ability to participate in any exercise or fitness program prior to commencement.
4. I am 18 years of age or older at the time of signing. If not my parent/adult guardian will sign also.

I agree to the terms above and on the reverse of this form.  
(You should read these terms carefully and ask about anything you do not understand.)

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian if member joining is under the age of 18 years.

Accepted on behalf of the Centre

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_