



# 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: \_\_\_\_\_

<input type="checkbox"/> <b>Day</b> \$13.00	<input type="checkbox"/> <b>3 Months</b> \$109.00
<input type="checkbox"/> <b>Week</b> \$30.00	<input type="checkbox"/> <b>6 Months</b> \$194.00
<input type="checkbox"/> <b>Month</b> \$55.00	<input type="checkbox"/> <b>Annual</b> \$315.00
<input type="checkbox"/> <b>25% Discount</b> Aged Pensioner	<b>Expiry Date</b> _____
<input type="checkbox"/> <b>\$30.00 Bond</b>	<b>Trust number T</b> _____

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<input type="checkbox"/> <b>25% Discount</b> Aged Pensioner	<b>Expiry Date</b> _____

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Membership Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

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<input type="checkbox"/> <b>25% Discount</b> Aged Pensioner	<b>Expiry Date</b> _____

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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 \$30 bond is also charged