

Belinda: 0408 953 756

Matt:

0418 945 275

PO BOX 371, BUSSELTON WA 6280 W: www.busseltonfitnessclub.com.au ABN: 56 961 268 473

EFT Payment Details: Busselton Fitness Centre BSB: 016-580 Account: 5898-84442

Please use your full name as the reference

	Renewal	New Member	Unsure (please check)	
Amo	ount Paid:	□\$300 - 12 Months	\$30 (Replacement Swipe card)	
Paid	l to:/	/	Swipe Card No.:	
Nam	ne:			
Add	ress:			
			Postcode:	
Date			act No.: M: P:	
Ema	nil:			
•		ost of the Club's important n the delivery of important inf	otices and renewal advice is sent via email to reduce ormation).	
Eme	ergency Contact	(Name):		
Rela	itionship to Mei	mber:		
		No.: M:F		
I hei	reby acknowled	ge that:		
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		am physically and mentally fit to proceed with the normal routine of exercise and I will not old the Club liable for injury or loss of property;		
		• •	perty; ''s swipe card and acknowledge that while the swipe	
	card is my responsibility, it will remain the property of the Busselton Fitness Club Inc.;			
7.	Should I choose to not renew my membership, a \$30.00 fee will apply if I do not return the			
	Club's swipe card either by post to PO Box 371, Busselton WA 6280; or in person to Geographe			
	Financial Group, Unit 2 - 4, 62 Kent St (62 On Kent), Busselton; and			
	I am in receipt of the Club's Welcome Letter, containing rules, guidelines and the Release and			
	Indemnity Agreement and acknowledge that my membership may be cancelled by any breach			
	of the rules and guidelines.			
This	form is to be r	eturned to:		
busseltonfitnessclub@gmail.com			Signature:	
Leanne: 0408 086 234				

Date: