



Corryong Health and Fitness Centre

MEMBERSHIP APPLICATION FORM

Please tick Single Membership Family Membership (form to completed by each family member)

FULL MEMBERSHIP		Direct Debit
Entitles you to unlimited access to all classes As well as anytime access (outside of class times) ❖ Air conditioned/well equipped facility ❖ Flexible entry 4am – 11pm ❖ Induction		Please tick: Single <input type="checkbox"/> \$40 per month <input type="checkbox"/> \$230 for 6 months or <input type="checkbox"/> \$440 for 12 months Family <input type="checkbox"/> \$80 per month <input type="checkbox"/> \$460 for 6 months or <input type="checkbox"/> \$880 for 12 months (2 adults & children 10-17yrs)
BANK DETAILS – Please complete the Direct Debit Request form		
MEDICAL CLEARANCE		
Please complete an APSS form. The APSS form will be reviewed and clearance from a Health Professional may be required.		
_____		_____
Health Professional		Date
MEMBER DETAILS		
Surname:	Given Name:	
Title:	Gender:	
Preferred Name:	DOB:	Age:
Address:		
Home Phone:	Mobile:	
Email Address:	Occupation:	
Work Phone:		
CONTACT & EMERGENCY DETAILS		
Contact Name:		
Relationship:	Phone Number:	
Casual Class	\$10 adults per class \$5 students per class	Payable at Gym

For more information or **induction** booking, please contact: Gym 0429 170 616 or Corryong Health 6076 3200

At times Corryong Health and Fitness Centre may take photos/video to be used for promotional purposes in newspaper articles, website, television and radio. I give permission for Corryong Health and Fitness centre to use my image/name in the above promotional outlets listed. **Yes/No**

Office Use Only:

Membership Period

From: _____

To: _____

Membership signed up by:

Date:

Card Given

Induction required YES/NO

Entered in Computer

Induction date

Finance

Code Given (if applicable)

Staff sign

Sighted Covid19 Vaccination