

MEMBERSHIP AGREEMENT

<input type="checkbox"/> New Member # _____ <input type="checkbox"/> Renewing Member # _____	Title: _____ First Name _____ Surname _____ Address: _____ Suburb _____ State: _____ Post Code _____ Email _____ @ _____ Ph: (h) _____ (w) _____ (mob) _____ Student/Staff number (if applicable) _____ Date of Birth ___/___/___
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Membership category *(tick a box)*

Sport & Fitness

Wellness

Membership type *(tick relevant boxes)*

<input type="checkbox"/> FU Student	<input type="checkbox"/> Flinders housing
<input type="checkbox"/> International Student	<input type="checkbox"/> Medical student
<input type="checkbox"/> FU Graduate	<input type="checkbox"/> ASMS
<input type="checkbox"/> FU staff	<input type="checkbox"/> General Public
<input type="checkbox"/> FMC staff	

FIXED TERM Affix receipt here

Once this period expires a new arrangement will be required.

Membership Length: _____

Membership Fee: \$ _____

TOTAL: \$ _____

PAY DEDUCTION

Flinders University Pay deduction

This is a 12 month membership agreement. Please note once the 12 month period expires a new arrangement will be required.

*Available to full time/PPT staff only

Fortnightly Fee: \$ _____

Start date: / / Date of first Debit: / /

The authorisation signatory accepts and agrees to the Membership conditions as well as authorising FUSF to direct payments of the *agreed amount for the minimum of 12 months (26 consecutive fortnights).

TO: the pay office

I hereby authorise you to deduct from my salary the *fee above and to pay this amount to the Flinders University Sport & Fitness for a period of no less than 12 months.

*the debit user may, by prior arrangement advice to me/us vary the amount or frequency of future debits.

Signed _____ Date: / /

DIRECT DEBIT full year

This is a 12 month membership agreement. Please note a further financial agreement form will need to be filled out once the 12 month period expires.

Termination of direct debit membership must be made in writing and be submitted to FUSF. A cancellation fee of 40% of the remaining contract or \$100 (whichever is the lesser amount) applies to all cancellations before the 26th debit. FUSF will provide the member with written confirmation as proof.

If you terminate the agreement or stop automatic debit arrangement in a manner not described in the agreement then you may be liable to the fitness centre for damages for breach of contract.

In signing this I agree to these conditions.

Signed _____ Date: / /

DISCLAIMER

By signing this Membership agreement, I agree to be bound by the FUSF (Flinders University Sport & Fitness) standard Membership Terms & Conditions attached to this document.

Where the member is under 18 years of age, I represent and warrant that I am a parent or legal guardian authorised to sign this Membership Agreement on behalf of the member.

I acknowledge that I have been given the option of choosing a membership based on a fortnightly billing agreement.

Signed by: _____ Date: / /
(If under 18 signed by guardian also)

Signed by: _____ Date: / /
(Guardian)

Staff representative: _____ Date / /

revised 27/02/2017