



Pemberton Community Sports Club Inc.

GYM MEMBERSHIP APPLICATION FORM

1 Club Road, Pemberton WA 6260
Mailing Address: PO Box 302, Pemberton WA 6260
Email: admin@pembertonsports.com.au
Phone: (08) 9776 1066

Name: _____

Address: _____

Phone Number: _____ Mobile: _____

Email Address: _____

Date Of Birth: _____

Membership Required; Please tick one of the below.

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 month - \$50.00 | <input type="checkbox"/> 12 months - \$450.00 | FOB # _____ Note: \$10 refund on return of fob |
| <input type="checkbox"/> 6 months - \$250.00 | <input type="checkbox"/> Access FOB - \$20.00 (5am-10pm 7 days a week) | |

Bank Details:
Pemberton Community Sports Club Inc.
BSB 036 126
ACC# 241 541

Membership Commencement Date:.....Membership Conclusion Date:.....

NOTE: This membership is not transferable

Disclaimer: *I always agree at all times to fully indemnify the Pemberton Fitness Centre, its employees and committees against all claims, however arising, which may be made against them as a result of my participation or presence within the Pemberton Fitness Centre. I acknowledge that the gym is unsupervised, and I also confer that I am physically and mentally capable to undertake the activities I will involve myself in.*

On application you will be asked to read the disclaimer then sign below.

Signature: _____ Date: _____

OFFICE USE ONLY

Payment Receipt # _____

Received by Signature: _____