



MEMBERSHIP CONTRACT

This membership contract records the terms upon which Real Life Fitness Pty Ltd is willing to offer membership to you and are subject to the terms & conditions.

Title:	Mr / Mrs / Miss / Ms / Other	D.O.B...../...../.....
Name:	
Address: Postcode:.....	
Home Phone:	
Work:	
Mobile:	
Email:	

ID Shown (office use only)
Seniors / Pension Card:
Student Card:

Membership Type:

A: Fixed Term (Up Front Payment)

Contract Start Date:/...../..... Contract End Date:/...../.....

Type/Duration	1 month	3 months	6 months	12 months
Amount	\$	\$	\$	\$
Payment Method				

Corporate Contract Only (Office Use Only)		
Company:		
ID:	Payslip:	Other:

B: Ongoing Membership (Direct Debit)

Contract Start Date:	Pro-Rata Amount:	Fortnightly Membership Fee:
	\$	\$

This is a binding agreement which can only be cancelled after the completion of one billing period with 30 days notice.

I have read and agreed to the terms and conditions related to this membership and the Direct Debit Request (DDR) or Credit Card Charge Request (CCCR). I acknowledge that I have been given the option of choosing membership based on either periodic billing or pre-payment and have chosen as above. I acknowledge that my ongoing membership fees will continue to be deducted unless I provide 30 days written notice of termination of my contract.

Members must retain a copy of this contract as proof of purchase.

Name:
 Signature:
 Date:...../...../.....

Direct Debit Request (DDR) Authorisation Form

PAYMENT ARRANGEMENT:

For the total amount billed for the specified period for this and any other subsequent agreements or amendments including associated fee/charges as detailed

Recurring Payment: / / debit the amount of: \$, .
D D M M Y Y Y Y

Payment Frequency: Weekly Fortnightly Monthly
(Select one only)

Payment Term: Continue until further notice
(Select one only)

Until I have paid \$, . OR regular payments
(Select one only)

BANK ACCOUNT AUTHORISATION:

Direct Debit is not available on the full range of accounts - If in doubt please refer to your financial institution.

Financial Institution:

Branch:

BSB Number:

-

Account Number | 9 Digits MAX:

Account Holder Name:

I/We authorise Clubfit to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Arrangements stated above and this Direct Debit request and as per the DDR Service Agreement provided.

CREDIT CARD AUTHORISATION:

Please charge my periodical payments to my (please tick one): VISA MasterCard Amex

Card Number:

Expiry Date: /
M M Y Y

CVV:

Name on Card (exactly how it appears on card):

Authorising Signature:

Date:

/ /
D D M M Y Y Y Y