

# BALANCE

HEALTH CLUBS

## HEALTH CLUB MEMBERSHIP

PLEASE PRINT DETAILS CLEARLY

CONSULTANT .....

Name .....	West's Leagues Club Membership Number .....
Address .....	You must be a financial West's Leagues Club Member. If you are not please choose from the following membership categories:
.....	<input type="checkbox"/> \$12 <input type="checkbox"/> \$110 <input type="checkbox"/> \$5 <input type="checkbox"/> \$44
.....	Full Member      Perpetual Member      Pensioner Member      10yr Pensioner Member
DOB .....	Email .....
Phone (H) .....	Occupation .....
Phone (W) .....	Employer .....
Mobile .....	Emergency Contact .....
	Emergency Contact Phone .....

ID Shown (Office Use Only) <input type="checkbox"/>	Pension Card No. <input type="checkbox"/>	Seniors Card No. <input type="checkbox"/>	Age Card No. <input type="checkbox"/>	Driver's License No. <input type="checkbox"/>	Passport No. <input type="checkbox"/>
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Membership Type	Fitness	Aquatics	Other Options
<input type="checkbox"/> All Open Hours	<input type="checkbox"/> Weights Areas	<input type="checkbox"/> Lane Swimming	<input type="checkbox"/> Personal Training \$
<input type="checkbox"/> Off Peak Hours	<input type="checkbox"/> Group Fitness/Schwinn	<input type="checkbox"/> Aqua Aerobics	<input type="checkbox"/> Pilates Reformer \$
<input type="checkbox"/> Mayfield	<input type="checkbox"/> Cardio Equipment	<input type="checkbox"/> Rehabilitation \$	<input type="checkbox"/> Yoga Course \$
<input type="checkbox"/> New Lambton	<input type="checkbox"/> Program/Assessment	<input type="checkbox"/> Massage \$	<input type="checkbox"/> Elite Training Area \$

### A - Term Membership Details (paying in full)

Type/Duration	1 Month	6 Months	12 Months
Amount			
Payment Method			
Receipt No			
Due Date			

Upgrade Options	
Corporate Contract Only (Office Use Only)	
Company .....	
<input type="checkbox"/> ID	<input type="checkbox"/> Payslip <input type="checkbox"/> Other Evidence

### B - Monthly Membership Details Direct Debit/Credit Card Debit (pay by the month)

Minimum Contract Period	1 Month <input type="checkbox"/>	6 Months <input type="checkbox"/>	12 Months <input type="checkbox"/>	Monthly Fee \$	Pro-rata Amount \$
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<b>Monthly Membership - Monthly Payments Authority</b>					
<b>The monthly membership payment continues automatically after the MINIMUM term if I do not sign a Cancellation Form and submit to Balance Health Club Administration.</b>					
<ul style="list-style-type: none"> <li>The monthly membership payment at the date of signing is \$ .....</li> <li>This is a binding agreement which will not be cancelled by me for a MINIMUM of ..... month(s).</li> <li>If, after the minimum term, I wish to cancel I am required to give one (1) month's written notice by completing a Membership Cancellation Form. Unless I complete the Membership Cancellation Form, I cannot assume that the membership has been cancelled.</li> <li>Any membership payments shall be payable whether or not I use the Health Club facilities.</li> <li>After the minimum term the Health Club shall be entitled to increase the monthly payment. I authorise the Health Club to vary the amount of the period withdrawal. Accordingly, the Health Club agrees to notify me in writing 60 days before the increase payment is due and allow me to discontinue my membership if required.</li> <li>I may release myself from any responsibility of a "Minimum Term" agreement by transferring the membership to another party or by paying the cancellation fee (full payment of balance of contract period). If I cancel or fail to complete the minimum agreed term, I authorise my account to be automatically billed by the cancellation fee.</li> </ul>					
Account Holder Signature		Date		1st Billing Date	

I have read the terms and conditions relating to this membership, which I fully accept. I agree to pay an administration fee of \$25.00 (applies to all new contracts - does not apply to renewals).

Signature ..... Date .....

### Membership and Membership Payment Options - Please complete section A or B

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

Signature ..... Date .....

I do not wish to receive marketing collateral from The Wests Group Australia including mail, email or SMS       I wish to receive the Wests annual financial report

Members must retain this contract as proof of purchase

(Office Use Only) Attachments:  Direct Debit Authority       Credit Authority (B only)