

## MEMBERSHIP AGREEMENT

|   |  |
|---|--|
| <input type="checkbox"/> New Member<br># _____<br><br><input type="checkbox"/> Renewing Member<br># _____ | Title: _____ First Name _____ Surname _____<br>Address: _____ Suburb _____<br>State: _____ Post Code _____ Email _____ @ _____<br>Ph: (h) _____ (w) _____ (mob) _____<br>Student/Staff number (if applicable) _____ Date of Birth ____/____/____ |
|---|--|

**Membership category** (tick a box)

Sport & Fitness

CrossFit

Wellness

**Membership type** (tick relevant boxes)

FU Student                       Flinders housing  
 International Student       Medical student  
 FU Graduate  
 FU staff    FMC staff    Flinders One Staff  
 ASMS  
 General Public

**FIXED TERM**       Affix receipt here

Once this period expires a new arrangement will be required.

Membership Length: \_\_\_\_\_

Membership Fee:            \$ \_\_\_\_\_

TOTAL:                        \$ \_\_\_\_\_

**PAY DEDUCTION**

Flinders Uni Pay deduction  
 Flinders One 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 FOSF to direct payments of the \*agreed amount for the minimum of 12 months (26 consecutive fortnights).

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**TO: the pay office**

I hereby authorise you to deduct from my salary the \*fee above and to pay this amount to the Flinders One 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 FOSF. A cancellation fee of 40% of the remaining contract or \$100 (whichever is the lesser amount) applies to all cancellations before the 26<sup>th</sup> debit. FOSF 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 FOSF (Flinders One 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