314 HILLSBOROUGH ROAD
WARNERS BAY NSW 2282
PH: (02) 49566557
FAX: (02) 49545516

MEMBERSHIP FORM

Surname:		First Name		Initial	
Address					
Suburb:		State:		Post Code:	
Pre-existing Medical condition:	(e.g. asthma)				

Home Phone:		Mobile Phone:	
Email:		Occupation:	
Date of Birth:		Gender:	

Please read the following and sign:

- For timestops/transfers apply to management.
- No refunds after 7 days
- I acknowledge that the "Genetics Fitness Club" accepts no responsibility or liability for any injuries that I may sustain whilst on the "Genetics Fitness Club" premises

Applicant's Signature: _____ Date: _____

OFFICE USE

Payment:

□ Cash	□ M/C	□ B/C	□ V/C
□ Cheque	□ EFTPOS	□ Rehab Invoice (PTO)	□ Other

Type: Category: Term: Rate:

Joined By:

Membership No:	Join Date	Expiry Date	Prev Expiry Date