



MEMBERSHIP FORM

1. PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____ Mobile: _____

Occupation: _____ Date of Birth: ____/____/____ Sex: _____

Email Address: _____

2. MEMBERSHIP INFORMATION

1) Membership Type: 3 months 6 months 12 months

2) Payment Option: Upfront Direct Debit (6 & 12 months only)

3) Concession: Student Pensioner

3. PAYMENT INFORMATION

Cheque – made payable to Your Gym Pty Ltd (ABN 22 675 409 692)

Cash

Credit Card – Type Visa Master Card Bank Card

Credit Card Number: _____ Expiry: _____

Cardholder's Name: _____ Signature: _____

4. RESPONSES

Mail: 558 Whitehorse Road, Surrey Hills, Victoria 3127

Fax: (03) 9898 5977

Email: memberships@yourgym.com.au

In Person: Or of course we would be delighted for you to come and see