



## SECTION 1 - Student Details

| Name | Date of birth dd/mm/yyyy   | M                        | F                        |
|------|--|--------------------------|--------------------------|
| 1.   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.   | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## MAIN CONTACT PERSON

|                    |                      |                      |  |  |
|--------------------|----------------------|----------------------|--|--|
| Name:              |                      |                      | Relation to Student (Self/Father/Mother etc.): |  |
| Contact Number:    |                      |                      | Main Contact Date of Birth:                    | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Emergency Contact: |                      |                      | Emergency Contact No:                          |  |
| Street Address:    |                      |                      |  |  |
| Postcode:          | <input type="text"/> | <input type="text"/> | State:   | <input type="text"/>   |
| Email:             | <input type="text"/> | <input type="text"/> | <input type="text"/>                           | <input type="text"/>   |

## SECTION 2 - Membership

☐ Existing Member (Go to Section #3)   
 ☐ New Member   
 Dojo: \_\_\_\_\_ First Class Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Uniform Size: \_\_\_\_\_   
 Consultant Name: \_\_\_\_\_   
 Office Use: ☐ P ☐ E ☐ D

**Membership Payment:**

☐ Cash \$ ☐ Credit Card \$ **(Complete details in Section 4B) OR Please contact me for card details** ☐

## SECTION 3 - Direct Debit Training Pass Options

☐ Single Student \$19.50pw    ☐ 2 in family \$38pw    ☐ 3 in family \$49pw    ☐ 4 in family \$59pw

**Direct Debit Payment:**

I would like to pay via: ☐ Bank Account (Complete details in Section 4A) ☐ Credit Card (Complete details in Section 4B)

☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly

First Payment Date:

## Summary of Direct Debit Conditions

1. Direct debit agreement is subject to a 48 hour cooling off period. 2. Students are able to suspend training passes for up to 6 weeks per year for a min. of 2 weeks each time. A \$5 per week fee applies to pass suspensions. 3. A one-off \$15.00 service fee will be applied to your first payment 4. Weekly fee based on an annual rate divided by 52 weeks. 5. Students may opt-out at any time. 10 days' notice required to discontinue payments. 6. Full T's and C's will be sent via email from Debit Success upon processing.

☐ I have read and understood the above. Signature: \_\_\_\_\_

## SECTION 4 - Payment Details

#### 4A. Bank Account Details

|         |                  |
|---------|------------------|
| Bank:   | Name on Account: |
| BSB No: | Acct No:         |

#### 4B. Credit Card Details

PLEASE CHARGE MY CARD

☐ VISA

☐ MASTERCARD

Expiry Date

/

CVV

Name on Card:

Signature:

Amount:

\$