

## KARATE FOR EVERYONE

## 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"/>	<input type="text"/>
Email:	<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 \$29.50pw    ☐ 2 in family \$57pw    ☐ 3 in family \$69pw    ☐ 4 in family \$79pw

**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 \$12.00 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. 28 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

/

Credit Card NumberExpiry DateCVV

Name on Card:Signature:Amount:\$