



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="text"/>	<input type="text"/>
2.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>	State:	<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 \$24.50pw ☐ 2 in family \$47pw ☐ 3 in family \$59pw ☐ 4 in family \$69pw

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 7 day 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

Expiry Date

/

CVV

Name on Card:

Signature:

Amount:

\$