



# GYMNASIUM MEMBERSHIP APPLICATION FORM

APPLICANT AUTHORISATION			
Name			
Address			
Home ☎		Mobile ☎	
Work ☎		Email	
I/We, _____ give consent for North Sydney Council to direct debit the account.			
Signature: _____		Date: _____	
Membership Type			
<input type="checkbox"/> Flexible Monthly Direct Debit \$95.00 per month	<input type="checkbox"/> 6 Months Upfront \$550.00	<input type="checkbox"/> 12 Months Upfront \$1,040.00	
<input type="checkbox"/> 6 Month Gym	<input type="checkbox"/> 12 Month Gym	<input type="checkbox"/> Monthly Direct Debit	
Your Membership will include use of the following Facilities & Services			
<input type="checkbox"/> Use of 25 x 50m Pool	<input type="checkbox"/> Wet & Dry Fitness Classes	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Sauna / Spa
<input type="checkbox"/> Fitness Assessment (Initial, 1 per 6 month / 2 per 12 month)		<input type="checkbox"/> Daily Shower Token & Locker	<input type="checkbox"/> Information Updates
Hours of Operation			
<b>Monday – Friday</b> 5:30am – 9:00pm	<b>Saturday &amp; Sunday</b> 7:00am – 7:00pm	<b>Public Holidays</b> 7:00am – 7:00pm	<b>Christmas Day &amp; Good Friday</b> Closed

**I acknowledge that I have been given the option of choosing a membership based on a monthly billing agreement of \$95.00**

I have read and understand the Terms & Conditions of the North Sydney Olympic Pool Lane 9 Gymnasium membership and agree to abide by them. I have also been given a copy of the Terms & Conditions to keep as a reference.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
Start Date:	Photo taken:	YES / NO	Pro Rata Payment: \$
Finish Date:	Receipt No:		
Customer Name:	Cashier:	Date:	Member ID:
Admin completed by:	Supervisor:	Date:	

**PLEASE RETURN YOUR COMPLETED FORM TO:**

North Sydney Olympic Pool  
4 Alfred Street South, Milsons Point NSW 2061

Phone: (02) 9955 2309  
Fax: (02) 9956 6790

