

MEMBERSHIP APPLICATION

PLEASE DOWNLOAD FORM BEFORE FILLING



Membership number (if known)

Pe	rsonal details	
Firs	st name:	Surname:
Em	ail:	_ Date of birth:
Pos	stal address:	
Sub	ourb:	Postcode:
Но	me phone: Work phone:	Mobile:
Em	ergency contact name:	Emergency contact phone:
Me	embership details	
Me	mbership type: COVID-19 AQUATIC	
Pa	yment type	
Diı	rect debit, fortnightly rate \$25.00	Start date:
No	te: no minimum term. Debit details will be coll	ected via a secure link.
lm	portant terms and conditions — please	read and sign
	I understand that my membership will be debited fortnightly (or the next business day) for the following fortnights membership.	
	I understand that as a part of Glen Eira City Council's annual review of its fees and charges, my fortnightly membership fee will change once during each calendar year and will not exceed five per cent of the fortnightly payments then current. Written notice needs to be given 28 days prior to any changes to fortnightly payments.	
	Subject to Glen Eira Leisure membership terms, I understand that I can suspend my membership by completing a membership alteration (suspension) form via Glen Eira Leisure website. I understand that retrospective or back dated suspensions will not be approved.	
	Subject to Glen Eira Leisure membership terms, I understand that I must give 28 days notice to cancel my membership.	
	I have read and I am familiar with the full Glen Eira Leisure membership terms and the Glen Eira Leisure rules. If this application is accepted, I understand that my membership with Glen Eira Leisure will be governed by those terms and rules, as amended from time to time.	
Sig	nature:	Date:

 $Complete\ form\ and\ submit\ to\ administration@geleisure.com. au$

SUBMIT FORM