

MEMBERSHIP APPLICATION

PLEASE DOWNLOAD FORM BEFORE FILLING

GLEN EIRA LEISURE

Membership number (if known)

Personal details		
First name:		Surname:
Email:		Date of birth:
Postal address:		
Suburb:		Postcode:
Home phone:	Work phone:	Mobile:
Emergency contact name:		Emergency contact phone:
Membership details		
Membership type: COVII	D-19 CRC	
Payment type		
Direct debit, fortnightl	y rate \$21.00	Start date:
Note: no minimum term.	Debit details will be col	lected via a secure link.
Important terms and o	conditions — please	read and sign
☐ I understand that my if following fortnights m	•	pited fortnightly (or the next business day) for the
fortnightly membershi per cent of the fortnig	p fee will change once	Council's annual review of its fees and charges, my during each calendar year and will not exceed five rent. Written notice needs to be given 28 days
membership by compl	eting a membership alt	ems, I understand that I can suspend my seration (suspension) form via Glen Eira Leisure back dated suspensions will not be approved.
Subject to Glen Eira L	•	ms, I understand that I must give 28 days notice to
Glen Eira Leisure rule	s. If this application is a	en Eira Leisure membership terms and the ccepted, I understand that my membership with terms and rules, as amended from time to time.
Signature:		Date:

Complete form and submit to: administration@geleisure.com.au SUBMIT FORM