



UWA SPORTS MEMBERSHIP, RECREATE®, OR RECREATION & FITNESS CENTRE MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Dr / Mr / Mrs / Ms / Miss

Surname: _____ Given Name: _____

Address: _____ Post Code: _____

Date of Birth: _____ Sex: _____ Student/Staff No: _____

Telephone: (h) _____ (w) _____ (mobile) _____

Email: _____ Sports Club/Faculty/Dept: _____

Are you a renewing member? yes no

How did you hear of UWA Sports? Newspaper Friend Email/Website On-Campus Promo O Day

UWA SPORTS MEMBERSHIP

\$0	\$50	\$120	\$20	\$150
UWA Student <input type="checkbox"/>	UWA Staff <input type="checkbox"/>	Immed. Family <input type="checkbox"/>	Junior <input type="checkbox"/>	Gen Public <input type="checkbox"/>
<small>(UWA students who have paid their Amenities & Services Fee)</small>	UWA Graduate <input type="checkbox"/>	Other Students <input type="checkbox"/>	<small>* 15yrs & under</small>	
	Other College Student <input type="checkbox"/>	Other Graduates <input type="checkbox"/>		\$

FITNESS CENTRE MEMBERSHIP

	UWA Sports Member	Non UWA Sports Member
12 Months	\$400 <input type="checkbox"/>	\$600 <input type="checkbox"/>
College Membership (16 Feb – 16 Nov 09) <small>(UWA residential colleges only)</small>	\$272 <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Semester Membership <small>(UWA students only who have paid their Amenities & Services Fee)</small>	\$136 <input type="checkbox"/>	
Ezypay - \$37 per month	<input type="checkbox"/> - 12-month contract	
UWA Staff Debit - \$16 per fortnight <small>(must be on the UWA Human Resources Payroll)</small>	<input type="checkbox"/> - 12-month contract	
		\$

RECREATE ENROLMENT

COURSE	DAY	TIME	FEE

Have you done a Recreate® course before? yes no

I hereby agree not to hold the organisers, the UWA Sport and Recreation Association (UWA Sports) and/or employees liable for any personal injuries or accidents arising from participation in any UWA Sports class or activity unless the organization is deemed negligent. I also confer that I am physically and mentally capable to undertake the activity I will involve myself in.

Sign: _____ Date: _____ Total fee enclosed \$

OFFICE USE ONLY

Amount Paid: \$ Paid by: Cash Eftpos Visa M/card B/card Chq

Credit Card No: _____ Expiry Date:/...../.....

Received By Date/...../.....