

# APPLICATION FORM

## UWA Sports Membership, Recreate® and/or Recreation & Fitness Centre Membership



### PERSONAL DETAILS

Dr / Mr / Mrs / Ms / Miss

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Student/Staff No: \_\_\_\_\_  
 Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone: (mob) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_  
 Email: \_\_\_\_\_ Faculty of Study: \_\_\_\_\_

Are you a renewing member?    yes     no   
 How did you hear of UWA Sports?    Newspaper     Friend     Newsletter/Website     On-Campus Promo     Day

### UWA SPORTS ASSOCIATION MEMBERSHIP

\$0	\$50	\$120	\$20	\$150
UWA Student <input type="checkbox"/> <small>(UWA Students only who have paid their Amenities &amp; Services Fee)</small>	UWA Staff <input type="checkbox"/> UWA Graduate <input type="checkbox"/> Other College Student <input type="checkbox"/>	Immediate Family <input type="checkbox"/> Other Student <input type="checkbox"/> Other Graduate <input type="checkbox"/>	Junior <input type="checkbox"/> <small>15 yrs &amp; under</small>	General Public <input type="checkbox"/>
TOTAL				\$ _____

### UWA RECREATION & FITNESS CENTRE MEMBERSHIP

	UWA Sports Member	Non UWA Sports Member
12 Month	\$400 <input type="checkbox"/>	\$670 <input type="checkbox"/>
6 Month	\$350 <input type="checkbox"/>	\$605 <input type="checkbox"/>
3 Month	\$250 <input type="checkbox"/>	\$475 <input type="checkbox"/>

Direct Debit: \$45 per month (12 month contract only incl. admin fee)	<input type="checkbox"/>
UWA Staff Salary Sacrifice: \$400 lump sum OR \$19 per fortnight (12 month contract only, must be on the UWA Human Resources Payroll)	<input type="checkbox"/>

TOTAL \$ \_\_\_\_\_

### RECREATE® ENROLMENT

Course	Day	Time	Cost

Have you completed a Recreate® course before?    yes     no     TOTAL \$ \_\_\_\_\_

I hereby agree not to hold the organisers, the UWA Sport & 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 organisation is deemed negligent. I also confer that I am physically and mentally capable to undertake the activity I will involve myself in.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL fee enclosed \$ \_\_\_\_\_

#### CUSTOMER TO COMPLETE, OFFICE TO CONFIRM

Amount Paid: \$.....    Paid by:    Cash     EFTPOS     Visa Card     Mastercard     Cheque   
 Credit Card No: \_\_\_\_\_    Expiry Date: ...../...../.....  
 Received By: .....    Date: ...../...../.....