



SECTION 1 - Student Details

Name	Date of birth dd/mm/yyyy	M	F
1.	/ /	☐	☐
2.	/ /	☐	☐
3.	/ /	☐	☐
4.	/ /	☐	☐

MAIN CONTACT PERSON

Name:	Relation to Student (Self/Father/Mother etc.):	
Contact Number:	Main Contact Date of Birth:	/ /
Emergency Contact:	Emergency Contact No:	
Street Address:		
Postcode:		
State:		
Email:		

SECTION 2 - Membership

☐ Existing Member (Go to Section #3) ☐ New Member Dojo: _____ First Class Date: / /
 Uniform Size: _____ Consultant Name: _____ Office Use: ☐ P ☐ E ☐ D

Membership Payment:

☐ Cash \$ ☐ Credit Card \$ (Complete details in Section 4B) OR Please contact me for card details ☐

SECTION 3 - Direct Debit Training Pass Options

☐ Single Student \$34.50pw ☐ 2 in family \$67pw ☐ 3 - 4 in the family \$79pw

Direct Debit Payment:

I would like to pay via: ☐ Bank Account (Complete details in Section 4A) ☐ Credit Card (Complete details in Section 4B)

☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly

First Payment Date:

Summary of Direct Debit Conditions

1. Direct debit agreement is subject to a 48 hour cooling off period. 2. Students are able to suspend training passes for up to 6 weeks per year for a min. of 2 weeks each time. A one-off \$10 fee applies to each suspension request. 3. A one-off \$15.00 service fee will be applied to your first payment 4. Weekly fee based on an annual rate divided by 52 weeks. 5. Students may opt-out at any time. 10 days' notice required to discontinue payments. 6. Full T's and C's will be sent via email from Debit Success upon processing.

☐ I have read and understood the above. Signature: _____

SECTION 4 - Payment Details

4A. Bank Account Details

Bank:	Name on Account:
BSB No:	Acct No:

4B. Credit Card Details

PLEASE CHARGE MY CARD		☐	VISA	☐	MASTERCARD	
					/	
Credit Card Number		Expiry Date		CVV		
Name on Card:		Signature:		Amount:	\$	