Corryong Health and Fitness Centre

WELLNESS MEMBERSHIP APPLICATION FORM

WELLNESS MEMBERSHIP CLASSES	
Entitles you to the following classes: ❖ Healthy Start ❖ Strong People Stay Young ❖ Fit for Life	**$60 card = 10 classes** **or $25 with a HCC** ***Annual admin fee of $25 - due on membership, then 1st Feb each year.***

MEMBER DETAILS	
Surname:	**Given Name:**
Title:	**Gender:**
Preferred Name:	**DOB:** **Age:**
Address:	
Home Phone:	**Mobile:**
Email Address:	**Occupation:**
Work Phone:	**Double COVID-19 Vaccination: YES / NO**
CONTACT & EMERGENCY DETAILS	
Contact Name:	
Relationship:	**Phone Number:**

For more information or **induction** booking, please contact: Gym 0429 170 616 or Corryong Health 6076 3200

_____

Signature Date

At times Corryong Health and Fitness Centre may take photos / video to be used for promotional purposes in newspaper articles, website, television and radio. I give permission for Corryong Health and Fitness centre to use my image / name in the above promotional outlets listed. ***Yes/No***

Office Use Only:

Membership Period **From: _____** **To: _____**

Membership signed up by: **Date:**

Paid By: **□Direct Debit** **□Cash** **□Cheque** **□Eftpos**

☐ **Card Given**
☐ **Induction required YES/NO**
☐ **Entered in Computer**
☐ **Induction date**
☐ **Finance**
☐ **Code Given (if applicable)**
☐ **Staff sign**