



SECTION 1 - Student Details

Name	Date of birth dd/mm/yyyy	M	F
1. _____	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \$5 per week fee applies to pass suspensions. 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: \$ _____