



Membership Application

I, (the 'member') hereby apply for a swim membership on the basis of the information contained in this application form, which I declare to be true and correct, and I agree to be bound by the terms and conditions of membership as set out in this form

| Membership Details |
|---|
| Name (first and last) |
| Date of Birth |
| Home Address |
| Phone (home) |
| Mobile Number |
| Email |
| Emergency Contact (Name and Number) |
| Membership Type |
| Select one: <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Child <input type="checkbox"/> Swimming Club |
| <input type="checkbox"/> Adult Fitness <input type="checkbox"/> Senior Fitness <input type="checkbox"/> Fitness Passport |
| Select one: <input type="checkbox"/> Upfront <input type="checkbox"/> Direct Debit |
| Select one: <input type="checkbox"/> 3 Month (Upfront Only) <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month (Continual) |
| Please tick boxes below |
| <input type="checkbox"/> I understand my account will be charged at the agreed rate unless I give notification to cancel my membership |
| <input type="checkbox"/> I have completed and attach membership EziDebit form and provided proof of Swimming Club Membership or SuperGold Card (if applicable) |
| Agreement of Terms and Conditions |
| Please read and sign the following: 1. I have the right under the Privacy Act 2020 to obtain access to and request correction of any personal information held by the Whanganui District Council concerning me. 2. I have read and understood all conditions in relation to this application. 3. I agree that the Whanganui District Council can notify me of changes to swim membership via email <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name |
| Fitness Membership Number / Gold Card Number or ID with DOB(for senior memberships): |
| Parent/Guardian (for child memberships) |
| Signed |
| Date |

