

Type of Membership

Centre.

Applicants Signature:

Shire of Mt Marshall

THE SANDALWOOD SHIRE -

Student

940 00

Key Deposit

Beacon Fitness Centre MEMBERSHIP APPLICATION FORM

Pensioner

ሲላ ሰላ

Adult

\$70 በበ

| (Please Circle) | |
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| Full Name: | |
| Postal Address: | |
| Email Address: | Phone: |
| | (This is to send renewal reminders at the end of your membership) Terms of Use |
| Fitness Centre, so the fororder and the cleanlines please treat it with pride If you are not a please treat it with pride Patrons should are signs near each of the lending of your membership imm You must be 16 Consumption of gym will void you strictly no smok of the lending of your membership imm You must be 16 Consumption of gym will void you of the lending of your membership imm Find the lending of your membership imm All lending of your membership imm Respect and us immediately. All lights, air count must be turned of the lending the facing incurred or sustains. Be courteous are | Il would like all members to have safe and enjoyable usage of the Beacon Community Illowing terms of use are for your benefit to ensure the personal safety, security, working is of the facility and the equipment in it. This facility is for the community's benefit so and respect. In member, it is strictly prohibited to use the facility familiarise themselves with the equipment and correct procedures before use. There each piece of equipment that describe the appropriate way to use the equipment. If a 24 hours a day 7 days a week. If a 24 hours a day 7 days a week. If a 25 hours a day 7 days a week. If a 26 hours a day 7 days a week. If a 27 month ban will be imposed on your usage and no refund will be given, years of age to become a member or use the facility on a casual occasion. The alcohol in the fitness centre is not permitted and any member consuming alcohol in the ur membership immediately, no refund will be given. If a 28 hours a 39 hours a 30 hours a |

Date:

DISCLAIMER

As part of my membership of the Beacon Fitness Centre, I enter the gym and exercise at my own risk. I accept that the Shire of Mt Marshall takes no responsibility or liability for any injuries incurred or sustained. I hereby accept all the above terms and conditions set by the Shire of Mt Marshall for the Beacon Fitness



Shire of Mt Marshall

—— THE SANDALWOOD SHIRE ——

| OFFICE USE ONLY |
|--------------------------|
| MEMBER NUMBER |
| KEY NUMBER |
| DATEJ |
| RECIEPT NUMBER |
| AMOUNT PAID: \$ |
| FULL MEMBER □ DAY PASS □ |
| VALID FROM/ to/ |

80 Monger Street | PO Box 20, Bencubbin WA 6477

Phone: 08 9685 1202 | Fax: 08 9685 1299 | Email: admin@mtmarshall.wa.gov.au

www.mtmarshall.wa.gov.au