

MEMBERSHIP AGREEMENT

Welcome to the Club!

Make sure that all grey areas are completed in full

Membership Term Ongoing or Fixed (Circle one)	
Member Name:	
Member ID:	

We're excited that you've chosen to join the Club. Below are the details of your membership.

Your Fernwood Home club:	ABN:
Your Home Address:	Your contact numbers:
	Home:
	Mobile:
Email:	Date of Birth:
An emergency contact name:	Phone number:
Phone number:	Your minimum total financial commitment:
	\$
The first day you can use the club:	Your minimum term/end date is:

YOUR MEMBERSHIP PAYMENT DETAILS

Joining Fee	\$
Activation Kit	\$
A gap payment is required so you can use the club prior to your first debit	\$
TOTAL	\$
Amount Paid today	\$
Gym membership	\$
PT Component	\$
Food Coaching Component	\$
Functional Fit / Small Group Training Component	\$
Other	\$
From which the following discounts are to be deducted:	
Incentive Discount	-\$
Total fortnightly debit amount	\$
Your minimum total financial commitment is	\$

Your Fortnightly Direct Debit will commence on / / .
Your payments will continue according to the term of your membership unless you change, defer or cancel some aspect of your membership.

Your fortnightly Direct Debit minimum term/end date is currently / / , unless you make certain changes to your membership before that date and/or you accrue outstanding membership fees.

By signing this agreement you are entering into a contract with Fernwood Women's Health Club. This brings with it obligations for both you and for us. Below is an overview of the key obligations of your agreement; ones which may affect your decisions during your membership. Full details of all policies relating to your membership can be located in your terms and conditions which will be made available to you at the time of joining and can also be accessed for your future reference on our website: www.fernwoodfitness.com.au

MEMBERSHIP AGREEMENT

IMPORTANT THINGS TO BE AWARE OF

MEMBERSHIP CANCELLATION

This is an ongoing membership agreement. The agreement will continue until either you or the Fernwood Home Club terminate it in the way described in this agreement.

If an automatic debit arrangement is in place, membership fees will continue to be debited from your credit card or bank account until you or your Fernwood Home Club cancels the arrangement by notifying your bank or credit provider. If you terminate the agreement or stop the automatic debit arrangement in a manner not described in the agreement, then you may be liable to your Fernwood Home Club for damages for breach of contract.

OUR FEES AND PRICING

Joining fee	\$199.00
Activation kit fee	\$39.00 - \$249.00 Price varies per club (the cost of the activation kit is non-transferrable and non-refundable)
Transfer to another club 24 hour access card	\$69.00
Administration Fee - Cooling Off Period	\$50.00 or 10% of the Total Membership Fee, whichever is the lesser
Administration Fee - Incapacity	\$75.00
Deferral Fee	\$8.00 per fortnight for approved deferrals
Transfer Fee (to a non member)	\$90.00
Downgrade Fee	\$100.00
Rejection Fee	\$9.00 per rejection
Third Party Collection Agency Debt Recovery Cost	\$100.00
Cancellation of 12 Month Membership	Next 2 payments are your last + \$200.00
Cancellation of 18 and 24 Month Membership	Next 2 payments are your last + \$300.00
Additional Sister City Vouchers	\$55.00 per 12 vouchers
Replacement Membership Card	\$5.00
Reactivation Fee**	\$65.00

You can **cancel your membership** at any time. Simply come down to the club and complete a cancellation form or provide written notice to us of your request. From the date of notification, **two further debits** are required and a cancellation fee of \$200.00 (or \$300.00 for 18+ month memberships); but only if cancellation is prior to your membership minimum term/end date.

Should you no longer want your membership prior to its minimum term/end date, then please first consider both our **transfer and deferral options**.

Interclub transfer is perfect if you are moving to another area. There is no charge to transfer to another club, but you will be asked to pay the membership price relevant to the club that you move to. Full details on how to transfer to another club can be found in the terms and conditions.

MEMBERSHIP AGREEMENT

Transferring to another person is a great alternative to not continuing your membership. If you have a friend who may be interested in improving their health and fitness, you can transfer your membership to them. Simply bring her to the club to complete an application for membership, and pay a fee of \$90.00 to complete the transfer. Full details on how to transfer to another person can be found in the terms and conditions.

One of the privileges as a Fernwood member is being able to **defer your membership** for a minimum of two weeks and up to a maximum of 8 weeks (taken in two week blocks only) per 12 month membership. Payments will be reduced to \$8.00 per fortnight during your deferral period. Please note that any deferral time taken will extend your membership's minimum term/end date.

Permanent sickness or physical incapacity. You may cancel your membership due to a permanent sickness or physical incapacity if you cannot exercise for a period of 12 months or more. Please refer to the Terms and Conditions clause 27 for further information.

Sister Club Vouchers entitle you to access and use other clubs within the Fernwood network. You are entitled to 24 vouchers per 12 month term **membership**.

If you decide to **downgrade** a particular component of your membership that has not been purchased as a flexi extra, and you are still within your minimum term, then the fee to do this is \$100.00.

If for any reason our attempt to **direct debit** your nominated account is **unsuccessful** we will try to contact you by any contact methods made available to us. Unless we have been contacted by you to arrange payment, we will automatically debit the outstanding amount and an associated fee of \$9.00 with your next scheduled debit. If 3 consecutive direct debits are unsuccessful your membership will be cancelled and the matter will be referred to an external agency whereby additional collection costs may apply. We encourage you to contact the club at your earliest convenience if you find yourself in difficult financial circumstances so as we can organise a payment arrangement with you.

We have **detailed terms and conditions** that we ask you to read before your first visit. Whilst the spirit of this statement is outlined in this agreement, if you wish to change your mind based on that statement, or for any other reason, you may utilise our cooling off policy. This will allow you to exit from this agreement within 7 days after signing it.

MEMBERSHIP AGREEMENT

Your cooling off period commences today: / / . at : AM/PM
and ends on / / . at : AM/PM.

A full refund of fees will be made to you, less applicable fees and charges.

In the unlikely event that you have an issue with your membership, we do have a **Member Concern Management policy** which is detailed in our terms and conditions.

Finally we do remind you that you are using the club at your own risk, and Fernwood Women's Health Club take no responsibility for any injury or incident that occurs in our clubs. Details of this are also included in our product disclosure statement.

By signing this agreement you agree to abide by your obligations outlined:

- In this agreement – **Please initial here** _____
- In the **terms and conditions** which you have received – **Please initial here** _____

Signing this confirms that you have received a copy of this agreement, a copy of your direct debit service agreement and have also read and understood the contents of the terms and conditions.

We look forward to supporting you through the process of your induction and continuing to assist you with your health and fitness journey.

Signed :
Member name:
Date:

Signed on behalf of Fernwood:
Fernwood team member name:
Date:

Members under 18 years of age require the consent and guarantee of a parent or guardian.
I consent to the above named person joining under this membership and agree to be responsible for the financial commitments made.

Name Of Parent/Guardian:
Relationship to member:
Date:
Signed:
Phone Number:

Address:
Email:

Member ID:

Direct Debit Request

DDR001C

REQUEST & AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY:

Company:

ABN

Trading as (Home Club): Fernwood Women's Health Club

Address:

Phone:

Request & Authority to Debit	Surname or company name Given names or ACN/ABN Request and authorise Fernwood Home Club (debit user ID) to arrange, through its own financial institution, to debit or charge any amount permitted in accordance with the Terms and Conditions of my membership through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Direct Debit user, subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).
Name and address of financial institution at which account is held	Financial institution name Address
Insert details of account to be debited	Name of Account BSB number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Must be 6 digits) Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (No more than 9 digits)
Commencement of Debits	The first debit to be made on / /
Payment Schedule	For debits from your account, please refer to the attached Future Payment Schedule.
Acknowledgement	By signing this Direct Debit Request I acknowledge that I have read and understood the terms and conditions governing the debit arrangements between myself and Fernwood Home Club
Insert your name	Name Signature _____ Date ____/____/_____ _____ If signing for a company, sign and print full name and capacity for signing (eg director) Address:

Credit Card Option

Visa

MasterCard

Diners

AMEX

Bankcard

Other

Card Holder Name

Card Expiry /

Card Number

Where a credit card account has been nominated, I hereby authorise the Fernwood Women's Health Clubs to debit my credit card with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services as permitted by the Terms and Conditions of my membership agreement or the Direct Debit Service Agreement, to alter the amount from the appropriate date in accordance with such a change. This authority shall stand in respect of the specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify Fernwood Women's Health Clubs in writing of its cancellation.

Signature of Card Holder _____ Date ____/____/_____