



AAPES MEMBERSHIP APPLICATION

Student name

Parent/guardian name
(if student is U18)

Student address

Contact number:

Email:

MEMBERSHIP TYPE (Please select)

STARTER PACKAGE	BRONZE PACKAGE	SILVER PACKAGE	GOLD PACKAGE
\$60 / fortnight 1 class a week 1 FREE open session	\$80 / fortnight 2 classes a week 2 FREE open sessions	\$95 / fortnight 3 classes a week 3 FREE open sessions	\$160 / fortnight 8 classes a week UNLIMITED open sessions

Date of membership commencement
(starting date of payments)

PAYMENT OPTIONS

CREDIT/DEBIT CARD

Cardholder name

Card number

Expiry Date

I agree to the following:

- I authorise AAPES to charge my preferred payment method fortnightly, starting from the commencement date of my membership
- I confirm I have read, understood and agree to the membership terms and conditions
- I understand that if my payment dishonours I may be charged a dishonour fee
- I will abide by all AAPES policies

Cardholder signature

DIRECT DEBIT

Bank name

Account holder name

BSB

Acct Number

I agree to the following:

- I authorise AAPES to charge my preferred payment method fortnightly, starting from the commencement date of my membership
- I confirm I have read, understood and agree to the membership terms and conditions
- I understand that if my payment dishonours I may be charged a dishonour fee
- I will abide by all AAPES policies

Cardholder signature
