



LINKS DEMO MEMBERSHIP AGREEMENT

Member details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First name:	Surname:
Address:		Postcode:
Mobile:	Home:	
Email:		Date of birth:
Emergency contact name:	Phone:	

Membership and payment options - office use only

Membership type:

\$ _____

Membership Start Date

Payments:

Amount due upfront:

\$ _____

This agreement is subject to a 48-hour cooling-off period.

I acknowledge that I have understood and agree to all terms and conditions of this Membership Agreement as they appear on this application form.

I acknowledge that I have provided the customer with a copy of this Membership Agreement containing terms and conditions.

MEMBERSHIP TERMS AND CONDITIONS

1. MEMBERSHIP TERMS

2. DIRECT DEBIT TERMS