



MEMBERSHIP AMENDMENT FORM



RESPONSIBLE PERSON INFORMATION (Account Holder)

Mr /Mrs /Ms /Miss Surname:	Given Name/s:	
Address:	Suburb:	Postcode:
Email:	LINKS ID /#:	
Phone: Mobile	Home or Office	

CHANGE OF MEMBERSHIP TYPE

Change of Membership Type: FROM:	TO:
New Payment Amount: Direct Debit: \$	/ F-Night Next Direct Debit Date: / /
Comments:	

CHANGE OF CLASS DETAILS

Change Class: FROM	TO:
Reason for Change:	
New Payment Amount: Direct Debit: \$	/ F-Night Next Direct Debit Date: / /
Comments:	

CHANGE DIRECT DEBIT DETAILS

Name of Financial Institution _____

Name/s on account _____

BSB number (Must be 6 Digits) | | | | - | | | | Account number | | | | | | | | | |

OR Visa Card / Master Card (Please Circle)

Name/s on card _____

Card Number: | | | | | | | | | | | | | | | | Card Expiry: | | / | |

MEMBERSHIP SUSPENSION

NOTES: See Membership Terms and Conditions of back of page. Membership suspension will not be authorized is membership payment is outstanding.

Suspended FROM: | | | / | | | / | | | TO | | | / | | | / | | |

Reason for Suspension: _____

MEMBERSHIP CANCELLATION

NOTES: See Membership Terms and Conditions of back of page.

Service to be Cancelled (please circle): Membership Learn to Swim ALL Other: _____

Last Debit Date: | | | / | | | / | | | Last Membership Date | | | / | | | / | | |

Reason for Cancelling: _____

Member Signed (Customer):

Primary Site Name: _____ (Facility Name)

By signing, I confirm the information stated is correct.

Signed: _____ Dated: _____

OFFICE USE ONLY

Received BY (Staff Member):

Name: _____ Signed: _____ Dated: | | | / | | | / | | |

Actioned BY (Staff Member):

Name: _____ Signed: _____ Dated: | | | / | | | / | | |

Links Database Adjusted: YES / NO Date: | | | / | | | / | | |

Comments: _____

MEMBERSHIP TERMS AND CONDITIONS

This document provides information and outlines the rights and responsibilities relating to your Membership. This information is to be read and understood in conjunction with details contained within other appropriate forms, including;

Direct Debit Request form and Direct Debit Service Agreements, Program/ Service Policies and Facility Specific Policies.

About us

The **Community Aquatics (CA) Mission Statement** is; "To provide all Community Members with a clean and safe recreation facility, that offers interesting, motivating and effective programs". In practical terms, when asked "What do we do?". CA answers with, "We develop and manage best practice recreation facilities, that offer innovative programs, that make positive impacts on people's lives"

The CA website has a range of specific customer policies and program information - www.communityaquatics.com.au. Member feedback is appreciated and can be sent via this website or submitted at any facility.

Membership Access and Conditions of Entry

Facility Entry: Members will be issued with a personalised membership key-tag that must be presented at the facility customer service desk upon entry. Replacement for lost or misplaced key-tags will attract a replacement fee. Members must agree to abide by facility rules, regulations, conditions of entry and to follow any direction given by CA Staff. **Programs Specific Rules:** Each membership program has its own special rules /requirements, and it is the member's responsibility to abide any such rules /requirements. *For example: Fitness Members are responsible for correctly returning weights and equipment after use.*

Family Memberships

The family membership includes people listed on the same Medicare card and living at the same residential address. There are no concessions fees offered for family membership. Children must be 21 years of age or less to participate in a Family Membership.

Minimum Terms, Payment Information, Fees and Charges

Minimum Term: The minimum membership period will vary between programs and facility promotional campaigns. A default minimum of 3 months is applied should any program not be allocated a minimum timeframe. Members will be informed about a minimum requirement prior to completing the CA Membership Agreement form. This form states when a minimum term is required. **Pro-Rata Payment:** On joining, members pay a pro-rata fee. This fee is calculated based on the number of days remaining until the next direct debit or payment is due.

Payment: Payment for membership is in advance. If payment is not received, membership access may be cancelled. **Financial Hardship:** If you are experiencing financial hardship, please make an appointment to discuss alternative payment arrangements with the Facility Manager. **Direct Debit Services:** Direct debit payments are made fortnightly. A Direct Debit Request Form must be completed to authorise direct debits from your nominated bank account or credit card. Note: direct debiting from credit cards will incur a small additional surcharge.

Price Increases and Membership Variations: Membership fees and structures are reviewed annually. A minimum of twenty-eight (28) days will be provided in the form of facility newsletter and /or facility notice board advertisement to advise all members about any change. Direct debits and membership structures will be adjusted accordingly after the 28-day notice period. **Concession Memberships:** Will only be permitted with appropriate evidence, such as; Commonwealth or State Government issued Concession Cards. Each facility will designate permitted cards within facility entry requirements.

Refunds, Cancellations and Membership Suspensions

7 Day Cooling Off Period: If you are not completely satisfied with the programs or services you are able to cancel your membership within the first 7 days. All monies will be refunded with exception of a fee equivalent to one week of the purchased membership. **Refunds:** Refunds for retrospective memberships will only be approved under the following circumstances: hospitalisation, death, major illness or injury, relocation or other major extenuating circumstances. Request for refund must be made in writing and sent to the Facility Manager. The maximum retrospective refund is 2 weeks. Members may be requested to provide a Medical Certificate or evidence to support their claim.

Cancellations: Direct debit memberships can be cancelled after the completion of the minimum term. A Cancellation or Amendment Form must be completed and signed by the member fourteen (14) days prior the next scheduled direct debit payment. CA reserves the right to cancel a membership and request return of a membership key-tag at its own discretion. **Suspensions:** Memberships can be suspended for a minimum of two weeks and a maximum of 12 weeks at any one time by completing a Membership Amendment Form, available from the facility customer service desk. A suspension request must be lodged fourteen (14) days prior to the next direct debit. The first 4 weeks of suspension are free after which a suspension fee will be charged. Members can suspend their membership up to 2 times per year.

Health and Safety

Physical Fitness: Members declare that they are physically and medically fit and capable to engage in exercise and /or programs at the CA facilities and will inform CA Staff of any condition or risk that may impact their ability to participate in exercise, and/or any exercise/fitness program prior to commencement. Members may be asked to complete the Pre-Activity Screening Questionnaire, or similar activity at the discretion of CA Staff prior or during their membership period. **Supervision of Children:** All families must adhere to the standards set by the Royal Life Saving Society of Australia (RLSSA) Keep Watch @ Public Pools Program. **Minimum Age (Fitness services):** The minimum age for participation in CA adolescent fitness and skill acquisition classes is 11 years (except under the direct supervision of a sport coach or personal trainer). Children must be over 15+ years of age to participate in general health and fitness club membership activities.

General Information

Changes to Membership Details: All changes to memberships must be made and signed in person at the Facility to ensure confidentiality of account details and accuracy of records. **Public Use:** CA manages public facilities, that have a variety of uses. Services are not exclusively for members. Members are advised to check the facilities schedules to help plan the best time to visit. **Seasonal Opening Hours and Public Holidays:** Please check the CA website. **Subject to change:** All Terms and Conditions are subject to change. Please check the CA website for the most up-to-date version. A hard copy can be requested at any time from the customer service desk. **Health Fund Rebates:** Some memberships may attract a health fund rebate. Please check with your health fund provider to confirm eligibility. A membership receipt can be provided on request. **Facilities Rules:** Members agree to abide by all facility rules. **Availability of Services:** Occasionally equipment or services may be unavailable due to (but not limited to) mechanical breakdown, vandalism, fire and/or natural disasters. **Member Privacy Policy:** CA acknowledges and respects the privacy of individuals. Members have the right to access and alter personal information in accordance with the Commonwealth Privacy Act. Full details of the CA Privacy Policy can be obtained on request at the customer service desk or from www.communityaquatics.com.au

Liability

To the extent permitted by law, the Community Aquatics Pty Ltd shall not be liable or responsible to you for any direct, indirect or consequential injury, loss or damage whatsoever and however arising. Community Aquatics Pty Ltd is not responsible for lost or stolen items or damage to property or vehicles. Acknowledging this risk, all Members agree to use CA Facilities at own risk.