

This Agreement is between West HQ Limited ABN 54 000 842 375 ("SGAC") and the Member

MEMBER DETAILS (ACCOUNT HOLDER AND RESPONSIBLE PERSON)

First Name:	Last Name:		
DOB:	Phone:	Is this a new number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE	Links ID:

PARTICIPANT(S) DETAILS

Participant 1:	DOB:	New Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Links ID:
Participant 2:	DOB:	New Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Links ID:
Participant 3:	DOB:	New Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Links ID:

Do any participants have any medical conditions that may require medical attention? Yes No

MEDICAL DETAILS

If yes, please state any medical condition that may affect their participation and provide action plans for asthma, seizures, anaphylaxis and diabetes.

Name:	Details:	Action Plan Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Details:	Action Plan Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Details:	Action Plan Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

CHANGE IN PERSONAL DETAILS

Effective from:

First Name:	Last Name:
Reason for change:	OFFICE USE Details of ID used:

CHANGE IN BANK DETAILS

Must be a Credit Card OR Bank Account that is in your name (either individually or jointly) Effective from:

Name on Credit Card:	Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit Card Number:	Expiry Date:
OR	
Account Name:	Bank Name & Suburb:
BSB:	Account Number:

ADDITIONAL CLASSES

Please specify which child this applies to: Effective from:

Participant Name:	New / Extra Program Day / Time:	Current Fee:	New Fee / Pro Rata:	GNSW Fee:	Next Direct Debit Date:
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

I consent to the changes contained in this form and acknowledge and agree that any new participant who is a minor will be enrolled in West HQ Limited's Junior Membership Program whilst a paying member of SGAC.

MEMBERSHIP CHANGE ACKNOWLEDGEMENT:

Member Signature

Date: _____

OFFICE USE	INITIAL
Form Processed Date:	
GNSW Registration (if applicable)	
Any new participants added in IGT (if applicable)	