

Membership On Hold Request

Donnybrook Recreation Centre October 2024



MEMBER DETAILS:

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

CURRENT MEMBERSHIP DETAILS:

Up-front: Gym Only Gym + Swim Over 50's

Direct Debit: Gym Only Gym Only (Senior) Swim Only

Gym + Swim Over 50's Gym + Group Fitness

Membership Start Date: _____

Expiry: _____

Has it been 3 months since the start of this membership? Yes No

ON HOLD REQUEST:

Start Date: _____

End Date: _____

Reason: _____

DISCLAIMER & AGREEMENT:

Members must provide a minimum of 7 days (1 week) notice in addition to completing this form prior to the proposed start date of the hold. Memberships may only be put on hold for a minimum of 1 week (7 days) and a maximum total of 3 months (12 weeks) in a calendar year. An Up-front Membership may be put on hold at any time after the membership start date. A Direct Debit Membership may not be put on hold until the after three (3) months have lapsed. Any On Hold requests that do not meet these conditions will be subject to the discretion of the DRC Manager (for example, presence of a medical certificate or a form of emergency).

The Shire of Donnybrook Balingup is not responsible for any injury suffered by either members or non-members of a group while using the Donnybrook Recreation Centre facilities, whether the injury is self-inflicted, caused by another member for the group or another person not associated with the group. The Shire will not be liable for any loss of or damage to the property of members or non-members of a group, whether they have caused the loss or damage. The above does not apply to the extent that any injury, loss or damage is caused or contributed to by the wilfully negligent or other unlawful act or omission of the Shire or any of its employees, officers, agents or contractors.

By signing below, you confirm that you have read and agreed to the above statements, as well as the terms and conditions as per the Application for Membership Form (includes those with a Direct Debit Membership).

Signature: _____

Date: _____

OFFICE USE ONLY

Received by: _____

Date Received: _____

Amount Paid: _____

Commences: _____

Notes: _____



(08) 9731 1822



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