

WARM WATER EXERCISE ENROLMENT FORM

Class details

Venue: Day: Time:

Personal details

Member number: Name:

Address:

Phone (home): Phone (mobile):

Email address:

Payment details

(NB: payment may be made by **credit card**, please complete relevant details:

Credit Card Please circle: **VISA / MASTERCARD**

Name on card: Card number:

Expiry date: CVC Code:

Signature:

Payment Receipts will be issued upon processing payment

Health fund claim receipt required? Please note applicable to Lane Cove, Anglican Retirement Village, and Wollongong Monday & Friday classes only. Health fund receipts will be issued at the end of term.) Yes No

Consent

(Please tick boxes to indicate consent. NB: Consent to all three conditions is required to enrol in the classes.)

- Payment for the next term will be charged to the credit card details provided at enrolment 2 weeks prior to the first week of the term unless I notify Arthritis & Osteoporosis NSW of any changes or cancellations.
- I authorise Arthritis & Osteoporosis NSW to share my personal and health information with the class instructor.
- I have read, understood, and agree to abide by the Participant Policy.

Signed: Date:

Please return to:

Arthritis & Osteoporosis NSW: Locked Bag 2216 NORTH RYDE NSW 1670 or F: 02 9857 3399

Office use only:

Payment: Total: \$ _____ Processed/Enrolled **Entered:** Payment type Y/N Health Fund Receipt Education Bites
 MC/Attendance sent Confirmed