

# Adding A *Category* Application Form

*This document becomes a tax invoice for GST purposes upon completion and payment.*

## Please photocopy and maintain for your records.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Registration No: KA: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Permission to release my name and contact details for possible employment:  Yes  No

I declare that the information provided in this application is true and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Required for tax invoice purposes)

## Please indicate the category you wish to add to your registration:

Fitness Instructor:  Gym Instructor  Older Adults Instructor (Strength Training)

Group Exercise Instructor  Older Adults Instructor (Group Exercise)

Aqua Instructor

Fitness Trainer:  Personal Trainer  Children's Trainer

Older Adults Trainer  Advanced Aqua Trainer

\*Please supply evidence of your new qualifications

## Payment Details:

Please accept payment for adding the above category/categories:

\$25.00 (Full Fee)  \$20.00 (Concession Fee)

(N.B. Concession payments, please provide a copy of your concession card)

Payment Type:  Cheque /  Money Order /  Credit Card Payment: \$ \_\_\_\_\_

Credit Card Payment:  Mastercard  Visa

Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

## Office Use Only:

Numeric Code:

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ KA No: KA \_\_\_\_\_ How Paid: CC / CH / CASH / MO

1 Aid Exp: \_\_\_\_\_ CPR Exp: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Finance Code 12-200-4213