

CHANGE OF DETAILS

Office Use Only - Ex ID

• Personal Details:

Club Location: Prahran Emporium Melbourne

Membership no:

Given Name:

Surname:

Family Add ons:

• Change to contact details:

New address:

New contact numbers: Mobile:

Other:

New email:

Changes effective from:

Member Signature _____ Date _____

• Change of name:

New name:

Reason:

Supporting documentation attached?: Yes No

NB. Documentation is required before your request can be processed e.g. Marriage Certificate or VIC Change of Name Certificate

Member Signature _____ Date _____

• Additional information:

• Office Use Only:

Received by:

Date received:

Supporting doc:

Approved by:

Date processed:

Notification: Email Post

BANK ACCOUNT

Account name:

Bank name:

BSB:

Account no:

Account type: Cheque Savings

CREDIT CARD

Type: MC Visa

Cardholder name:

Card number:

Expiry:

.80c per fortnight

I authorise Kaya Health Clubs to debit fortnightly payments from my nominated bank account/credit card to the full value of payments due under my Membership Agreement and any other Membership agreement joint to my account. I acknowledge that this authority may not be cancelled prior to the expiry date of the minimum period of my Agreement. Payments made by credit card will attract a credit card processing fee.

Member Signature _____ Date _____