



total balance **7:00 & 8:30 am**

# registration form

☐ **YES sign me up as a new member for the Total Balance program**

Surname		Given Name	
Mailing Address			Postcode
Phone (wk)	Phone (hm)		Mob
D.O.B	Fax	Email	

## Choose your membership (all prices are GST inclusive)

OPTION 0: 1 x 8 Week Track			OPTION 1: 1 x 8 Week Track			OPTION 2: 1 x 8 Week Track		
Let's do it!			Let's get into it!			Let's get really into it!!		
Total sessions purchased	16		Total sessions purchased	24		Total sessions purchased	40	
Individual session cost	20		Individual session cost	15.80		Individual session cost	10.50	
<b>Total cost</b>	<b>\$320</b>	<input type="checkbox"/>	<b>Total cost</b>	<b>\$380</b>	<input type="checkbox"/>	<b>Total cost</b>	<b>\$420</b>	<input type="checkbox"/>

## Payment options

- ☐ Pay up-front in full  
☐ Pay monthly (direct debit or credit card only)

## Payment amount

☐ Option \_\_\_\_\_ .00  
 Total \_\_\_\_\_ .00

If you purchase Option 1 - a total of 24 sessions, these classes can be used in any ratio during the 8 week cycle. The following example illustrates your potential attendance pattern; you might attend 3 sessions in week one, 2 sessions in week two, 4 sessions in week three and 3 sessions in week four, 3 sessions in week five, 4 sessions in week six, 4 sessions in week seven and 1 sessions in week eight. This would comprise a total of 16 sessions during the 8 week period.

If you choose Option 1 and attend more than 24 sessions during the 8 week cycle then each additional session will be billed at \$20 per class. You will be invoiced for these sessions at the end of the 8 week cycle.

## Payment method

☐ Cash or ☐ Cheque (payable to "Evolution to Wellbeing") or ☐ direct debit

☐ Bankcard ☐ Visa ☐ MasterCard Name on card \_\_\_\_\_

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please read this important information.** You will be required to sign a credit card authority form or direct debit agreement. In doing so you may opt for the pay monthly (in advance) option. You will also be billed at the beginning of each new 8 week track at the appropriate membership rate. Failure to do so will result in you being billed automatically for the new track.

## Terms & Conditions:

### SESSION CREDITS

Missed sessions may not be credited to the next track. The reason is simple – by paying for and agreeing to complete the sessions in a specific period of time you are entering into a commitment with yourself. Knowing that you will not be credited for missed sessions (while having the option of the flexible attendance pattern) will help to ensure that you make a real commitment to training over the 8 week period. Please note that this policy will be strictly adhered to.

In the event that you will be away it is advised that you purchase option 1 as opposed to option 2 and increase your training frequency (if need be) for the period that you are in town so as to insure you attend all your sessions.

In the event that you be away for more than 4 weeks during a track then it is important that you advise us of this at the beginning of track in writing. In such a case your registration option will be altered accordingly.

### TERMINATING YOUR MEMBERSHIP

Once you have joined the total balance program your re-registration process into the next 8 week cycle is automatic. If you do not wish to continue in the next cycle for billing purposes, you must let us know in writing at least 14 DAYS before the commencement of the new cycle that you will not be continuing. Failure to do so will result in automatic re-registration and an administration fee of \$50.00 to cancel your membership. Please note that this policy will be strictly adhered to.

I have read and understand the terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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# Evolution to Wellbeing

## PERIODICAL DIRECT DEBIT OR DEPOSIT BILLING

### CUSTOMER DETAILS

Company Name (if applicable): \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Given Name/s Surname

Address: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Street Name and Number (if applicable)

Suburb State Postcode Email

Telephone: \_\_\_\_\_  
(H) (M) (W)

### TERMS & CONDITIONS

Commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and periodically thereafter as specified, I/We hereby authorise **Evolution To Wellbeing** to make withdrawals from my/our nominated account on behalf of the Company / Customer named above.

\$_____ (GST included)	<input type="checkbox"/> Until Further Notice
<b>Per 4 Weeks</b> <input type="checkbox"/> <b>Per 8 Weeks</b> <input type="checkbox"/>	Special conditions:

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD

Please charge my periodical payments to my: (tick one) ☐ Visa ☐ Mastercard ☐ Bankcard

Name on Card: \_\_\_\_\_  
Given Name/s Surname

Credit Card Number:           Expiry Date: \_\_\_\_ / \_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_

### BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Mimika Solutions Trading as **Evolution to Wellbeing**

Commonwealth Bank

**BSB:** 062238

**ACC:** 10074042

Payment to be set up as periodic **fortnightly** payments. First payment must commence Week One of track.

### DIRECT DEBIT REQUEST AUTHORISATION

I/We request this Arrangement remain in force in accordance with The Schedule described above and in compliance with **Evolution to Wellbeing's** terms and conditions.

Account Holder/s Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

