

CBWM 24/7 GYM

DISCIPLINE • RESPECT • EFFORT • ACCOUNTABILITY



CBWM 24/7 MEMBERSHIP APPLICATION FORM

**CBWM 24/7
MEMBERSHIPS**
FROM
\$21.95
PER WEEK

- ✓ 24/7 GYM ACCESS
- ✓ NO DOOR FOB FEES
- ✓ 3 FLEXIBLE OPTIONS



1. MEMBER DETAILS

FULL NAME: _____

DATE OF BIRTH: ____ / ____ / ____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

POSTCODE: _____



2. EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____



3. MEMBERSHIP SELECTION

☐ **GYM ONLY – \$21.95 / WEEK**

- ✓ 24/7 GYM ACCESS
- ✓ WEIGHTS & CARDIO
- ✓ FUNCTIONAL TRAINING



☐ **UNLIMITED – \$32.95 / WEEK**

- ✓ GYM ACCESS
- ✓ UNLIMITED BOXING CLASSES
- ✓ SPARRING ACCESS

MOST POPULAR



☐ **ELITE – \$34.95 / WEEK**

- ✓ GYM + CLASSES + SPARRING
- ✓ RECOVERY ROOM (SAUNA / ICE BATH)
- ✓ PRIORITY ACCESS

BEST VALUE



4. ADDITIONAL REQUIREMENTS

- ☐ I understand a PCYC membership (\$40/year) is required
- ☐ No door fob fee applies
- ☐ I agree to follow all access rules



5. HEALTH DECLARATION

- ☐ I confirm I am physically fit to participate in training and fitness activities
- ☐ I have disclosed all relevant medical conditions to staff
- ☐ I understand training involves physical exertion and risk of injury



6. WAIVER & AGREEMENT

- ☐ I agree to train at my own risk
- ☐ I release CBWM 24/7 Gym, coaches and staff from liability for injury or loss
- ☐ I agree to follow all gym rules and staff instructions
- ☐ I understand memberships are non-transferable



7. DIRECT DEBIT DETAILS (GOCARDLESS)

ACCOUNT NAME: _____

BSB: _____

ACCOUNT NUMBER: _____

- ☐ I authorise CBWM 24/7 Gym to debit my membership weekly
- ☐ I understand payments are ongoing until cancelled
- ☐ I agree to maintain sufficient funds

SIGNATURE: _____

DATE: ____ / ____ / ____



8. TERMS & CONDITIONS

MEMBERSHIP

- Membership is billed weekly via direct debit
- PCYC membership (\$40/year) must remain active
- No door fob fees apply



ACCESS & RULES

- Access is strictly for the registered member only
- DO NOT share access or allow tailgating
- CCTV surveillance is active
- Misuse may result in termination



CANCELLATION POLICY

- 2 weeks written notice required
- All outstanding payments must be completed



FACILITY USE

- Members must respect equipment and facilities
- Follow all staff instructions



9. FINAL AGREEMENT

- ☐ I have read and agree to all terms and conditions
- ☐ I understand my obligations as a CBWM member

CONTACT US

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**SHOW UP.
WORK HARD.
BE PROUD.**

SHOW UP.

WORK HARD.

BE PROUD.

**CBWM STANDARD
EARN IT. KEEP IT.**