

PAYMENT DETAILS

Please make your payment online prior to submitting this application

Payment order number: Date payment made:/...../.....

BUSINESS DETAILS

Business Name: ABN:

Trading Name:

Street Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Phone: Email:

Website:

CONTACT DETAILS

Title: First Name: Surname:

Position: Email:

Phone: Mobile:

BUSINESS TYPE *(please tick all that apply)*

FITNESS FACILITY

Privately owned Government owned facility Council/Community owned facility Other

PT Studio Gymnasium Leisure/Aquatic Centre

PRODUCT/EQUIPMENT SUPPLIER

Gym Equipment Clothing Footwear Books/Resources Other

EDUCATION

Private RTO University TAFE Program Provider Other

CLUB FACILITIES

Gym Boxing Pool Cycle Studio Aerobics Studio Pilates Yoga

Wellness Centre Allied Health Professional on-site – Profession:..... Other

HOW DID YOU HEAR ABOUT US?

Our Website Word of Mouth Our Newsletter Professional Development Provider

Employee Other Business Member Trade Show Other

What are your clients most interested in?

Would you like to be a Physical Activity Australia Health Promotion or Walktober Ambassador?

Yes, please add me to your list No thank you

**STEP
ONE**

**STEP
TWO**

OR

Please email your application to memberships@physicalactivityaustralia.org.au or mail it to the address below.

OFFICE USE ONLY

Application Received:/...../..... Processed:...../...../.....

Registration No: TID:

Payment ID: Finance Code: 12 200 4215

Suite 1, 24 Albert Road | South Melbourne | VIC 3205

P +61 3 8320 0100 | ABN 68 083 131 208

www.physicalactivityaustralia.org.au

memberships@physicalactivityaustralia.org.au