

Student Membership Registration

PHYSICAL ACTIVITY AUSTRALIA

NATIONAL FITNESS REGISTRATION

PERSONAL DETAILS

First Name: Surname:
Street Address:
Suburb: State: Postcode:
Phone (M): (H): (B):
Email:
DOB: / / Male Female

COURSE DETAILS

RTO Name:
RTO Suburb: State:
Qualification completing: Certificate III in Fitness Certificate IV in Fitness Diploma of Fitness
 Sport Development Exercise Science Degree
Method of delivery: Face to face (full time) Face to face (part time) Online
 Blended Correspondence
Date you started course: / / Date you expect to finish course: / /
Date you expect to start working in fitness: / /
Signature: Date: / /

Please email this form to register@physicalactivityaustralia.org.au or mail it to the address below.

PHYSICAL ACTIVITY AUSTRALIA

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ABN 82 094 095 468

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