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**Student**

**Membership 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.