

**HEALTH CLUB MEMBERSHIP REFERRAL FORM**

Do you know a friend, family member or work colleague who enjoys training? Do you think they would like to try out the Health Club and may want to continue to train with you afterwards?

Once you have identified a qualified candidate, complete the form below and return it to Member Services. The information provided will be forwarded to the Member Services Team.

**REFERRER - CURRENT ACTIVE MEMBER DETAILS**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MEMBER NO: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

**Please choose your gift/s (one per referral):**

- |           |   |           |   |
|-----------|---|-----------|---|
| <b>A.</b> | <i>60 min Massage Session</i>           | <b>C.</b> | <i>1 month Membership Extension</i>                                       |
| <b>B.</b> | <i>60 min Personal Training Session</i> | <b>D.</b> | <i>Aquatic Centre back pack, pool towel, sweat towel and water bottle</i> |

**REFEREE**

			Selected Gift (A, B, C or D)	
	Name	Contact No. / Prospect ID	Referee	Referrer
1				
2				
3				
4				

**TERMS & CONDITIONS**

- Referring member must be active at the time of the referral and reward redemption.
- Trial pass length is subject to qualification.
- New member must purchase a minimum 12 month upfront or direct debit membership.
- New member must be a new customer only (no previous contract).
- Subject to product and service availability.

**OFFICE USE ONLY**

Date Received:		Staff Name:		Joined:	1 / 2 / 3 / 4
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