

Tax Invoice

ABN 82 142 080 338
Effective February 2019

First Name: **Surname:**.....

Female **Male**

Department: **Phone Number:**

Email:

Employee No. **ID Card No.**
(1st 5 digits on the back of SH Proximity card)

<i>Membership Term</i>	<i>Weekly Fee</i>	<i>Total Incl. GST</i>
Locker Hire 3 & 6 month options		\$45.00 \$90.00
5 Visit Card (valid for 3 months)		\$44.00
4 Weeks	\$19.50	\$78.00
8 Weeks	\$19.00	\$152.00
12 Weeks	\$18.50	\$222.00
16 Weeks	\$18.00	\$288.00
26 Weeks	\$17.50	\$455.00
Direct Debit (Min.6 months contract)	\$17.50	\$455.00
Other		

Payment Received \$..... via Cash / Eftpos

New Member Signature.....

Date: / /

<i>Action:</i>	<i>Initials</i>	<i>Date:</i>
Added to CW		
Photograph Taken and Barcode given		
Security Notified of Access Rights		
Orientation/Assessment Interview		
Welcome Pack & Letter Provided		