



MEMBERSHIP FORM

DATE :

1. FULL NAME:.....
2. DOB:.....AGE:.....
3. COUNTRY OF BIRTH:.....
4. ADDRESS:.....
5. TEL:.....MOBILE:.....
6. Email:
7. MEDICAL HISTORY (if Relevant):
.....
8. EMERGENCY CONTACT Tel and Address:
.....
9. SUMMARY OF SPECIAL REQUIREMENTS/ NEEDS AND PREVIOUS INJURIES:
.....
10. PREVIOUS EXPERIENCE IN MARTIAL ARTS:
.....
11. EDUCATION:
.....

Please make sure you have filled in all sections. By signing this form you understand and accept the terms and conditions set out below.

I UNDERSTAND AND ACCEPT THAT:

- **“HAPKIDO” IS A MARTIAL ART THAT HAS A RISK OF INJURY TO MYSELF AND I ACCEPT THESE RISKS AND WILL LISTEN TO THE INSTRUCTOR AT ALL TIMES.**
- **THE SELF-DEFENCE TRAINING IS RIGOROUS, INTENSIVE AND PHYSICALLY EXHAUSTING.**
- **I HEREBY STATE THAT THE FOLLOWING INFORMATION ABOVE IS TRUE AND CORRECT**
- **FURTHERMORE I ACCEPT FULL RESPONSIBILITY OF ANY INJURIES OR PROBLEMS THAT MAY OCCUR TO ME DURING THE PARTICIPATION OF MY TRAINING.**
- **SHOULD I INTEND TO CANCEL OR SUSPEND MY MEMBERSHIP MY DIRECT DEBIT PAYMENTS WILL CEASE AFTER 1 MONTH OF MY OFFICIAL CANCELLATION IN WRITING.**

SIGNED.....WITNESSED BY (signature):.....

WITNESS NAME:.....ADDRESS.....PHONE.....

IF UNDER 18 PARENTS “CONSENT” SIGNATURE.....



APPLICATION FORM

1. **APPLICANT'S DETAILS:**

Surname:

Given Names:.....

Address:

Postcode:.....Ph (home).....Ph (work).....

Occupation:.....

Date of Birth.....

2. **HEALTH DECLARATION:**

Are you prescribed drugs which may impair reaction time or judgement?
YES- If yes, what drugsNO
Have you suffered any incapacity requiring medical attention in the past 12 months?
YES If yes, give details NO

3. **EXCLUSION OF APPLICANT**

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?
YES If yes, give detailsNO

4. **DECLARATION OF UNDERSTANDING**

Martial Arts Is Dangerous

I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated thisday of.....20.....

Applicant Signature.....

Witness Signature.....

GUARDIAN'S CONSENT: (for all persons under 18 years)

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Signature..... Relationship to Applicant.....

Full Address.....



APPLICATION FORM

Martial Arts Contract

MARTIAL ARTS IS DANGEROUS The following conditions must be read carefully:

1. Interpretation

"**the Applicant**" means the individual who signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is under 18 years of age.

2. Acceptance

I, (full name)

.....

of (residential address)

.....

I, (full name of Guardian)

.....

of (residential address of Guardian)

.....

the Applicant, hereby agree to be bound by the terms of this Contract with SYDNEY HAPKIDO ACADEMY® and the persons named and described in Schedule 1, hereinafter jointly and severally referred to as "the providers". The providers agree to permit me to use their premises and facilities for Martial Arts, to instruct me in Martial Arts and related activities ("the service") upon and subject to the following terms and conditions:

(a) Club Fees

The Applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider's premises or premises occupied by the provider or verbally. Should the Applicant want to cancel his/ her membership and stop Direct Debit Payments, they will need to notify us and sign the



APPLICATION FORM

necessary cancellation forms. One Month notice is what is required. All monthly payments entitle the Applicant to services of Martial Arts during that particular month. Not attending classes for any reason does not warrant compensation of these fees.

(b) Medical Conditions

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts.

(c) Exclusion of Applicant

The Applicant warrants that he or she has not at any time been excluded from Martial Arts by a medical practitioner or any person or entity including a Martial Arts Club.

(d) Rights of a Consumer

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

PLEASE NOTE THE FOLLOWING:

If the Trade Practices Act 1974 or similar state laws operates so as to prevent the exclusion, restriction or modification of warranties otherwise implied by those laws then the liability of the offerer for breach of those warranties is limited to:

- (i) the re-supply of the Martial Arts instruction and related activities; or***
- (ii) the payment of the cost of having the Martial Arts and related activities supplied again.***

(e) Waiver and Indemnity

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Martial Arts or in connection with Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified.



APPLICATION FORM

(f) Martial Arts done at Applicant's own Risk

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by this Club/Academy Company are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(g) Acceptance

Performance of the provider's obligations under the contract may be effected by any one or more of the providers either jointly or severally.

(h) Governing Law

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of NSW and the Courts of AUSTRALIA shall have exclusive jurisdiction to entertain any action in respect of any such agreement.

(i) Statement of Understanding

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Signed (*Applicant*)

This (date) day of (month).....20.....

in the presence of (signature of witness)

[This contract must be signed by a guardian if the Applicant is under the age of 18.]



APPLICATION FORM

SCHEDULE 1

In addition to Sydney Hapkido Academy®, the providers in respect of this agreement include :

- (a) The President, Councilors and Ratepayers of Randwick Council. If a Council Hall is being hired or if not the principle representatives of the venue being hired
- (b) The staff, instructors, venue providers, including but not limited to :
 - (i) *Police Citizens Youth Club- Daceyville*
 - (ii) *Randwick or Botany council*
 - (iii) *Sydney Hapkido Academy ®*
 - (iv) *Mitch Judd- President PCYC, Andrew Rosengaus- Director SHA*

PRE-PARTICIPATION QUESTIONNAIRE



All information on this sheet is confidential.

Access to this sheet is limited to the Director of the School, First Aider, Coaches, & Instructors.

Personal Details

Surname Given Name(s)

Address

Home Phone Area Code Number

Suburb/Town/City State Postcode

Business Phone Area Code Number

Sex M F Date of Birth

Emergency Contact

Surname Given Name(s)

Home Phone Area Code Number

Business Phone Area Code Number

Relationship

Health Care Details

Medicare Number Private Health Insurance Yes No Fund

Private Doctor Name Telephone Area Code Number

Can Doctor be contacted at all times? Yes No If yes, after hours contact Area Code Number

Private Dentist Name Telephone Area Code Number

Can Dentist be contacted in emergency? Yes No If yes, after hours contact Area Code Number

Other Commitments

Do you participate in any other sports? Yes No

If yes, please complete table below for each sport

Sport	Number of sessions per week	Approx. length of sessions

Do you attend other groups/activities (e.g. scouts, venturers, youth groups, etc)? Yes No

If yes, please complete table below for each group/activity

Group/Activity	Number of sessions per week	Approx. length of sessions

Please list any other activities that you have a regular commitment to (e.g. part time work, music lessons, etc)

Activity	Number of sessions per week	Approx. length of sessions

Medical Details

Blood Group

Do you object to transfusions? Yes No

Have you received medical clearance from your doctor for this season? Yes No

Do you take any regular medications? Yes No

Have you had . . .

- | | | | | |
|----------------|-----|--------------------------|----|--------------------------|
| Epilepsy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hepatitis A | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hepatitis B | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Heart Problems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Heart Murmur | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hernia | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Concussion

Have you ever had **concussion**?
Yes No

How many times?

Give approx. dates

Do you wear protective head gear?
Yes No

Vision

Do you wear:
Glasses Yes No
Hard contact lenses Yes No
Soft contact lenses Yes No

Teeth

Do you wear a mouthguard?
Yes No

Do you wear your mouthguard
at training Yes No
at competition Yes No

Asthma

Do you suffer from asthma?
Yes No

Do you take medication for asthma?
Yes No

Do you bring your medication to training/competition?
Yes No

Vaccinations

Have you been vaccinated against:
Hepatitis A Yes No
Hepatitis B Yes No
Tetanus Yes No
Other Yes No

HIV Status (optional)

Allergies

Are you allergic to:
Tape Yes No
Ice Yes No
Medications Yes No

List any other allergies you have:

Injury Details

Were you injured in the last 12 months?
Yes No

Are there any past injuries still effecting your performance (e.g. pain, stiffness)?
Yes No

Do you wear protective equipment?
Yes No

Do you require specific taping/padding for a previous injury?
Yes No

Have you sustained a fracture in the last 3 years?
Yes No

Have you sustained a dislocation in the last 3 years?
Yes No

Have you ever had a head, neck or spinal injury?
Yes No

To the best of my knowledge, all information contained on this sheet is correct (if under 18 please have parent or legal guardian sign)

Signature



Date



Code of Conduct

A.1 Objectives

Sydney Hapkido Academy® has as its key objectives:

1. Providing instruction in a safe environment in the martial art of **Hapkido**.
2. Developing the mental and physical tools for improving personal safety and security.
3. Promotion of good health and vitality.
4. Development of positive self-esteem and self-confidence.
5. Development of a person as a positive role model in the community.
6. Creating expertise in confrontation management.
7. Pro-active crime prevention through increased awareness and positive attitudes.
8. Developing healthy community attitudes and values.

All persons participating in a class or course conducted by Academy must agree to be bound by this Code of Conduct. The **Sydney Hapkido Academy®** reserves the right to make amendments or additions to this Code of Conduct at any time.

A.2 Participant Understanding

HAPKIDO is a contact martial art, meaning it involves physical contact with one or more other practitioners in ways designed to simulate as closely as possible the self-defence options available to a practitioner when confronted with physical aggression and/or threatening behaviour. As in any other physically demanding recreational activity, there is always a risk of injury. Any person participating in a class conducted by the Academy does so with the full understanding that whilst it is the policy of **Sydney Hapkido Academy®** to minimise this risk, the nature of contact physical activity prevents its total elimination. Persons participating in a class conducted by the **Sydney Hapkido Academy®** do so of their own volition and at their own risk.

A.3 Instructor Qualifications

1. All unsupervised Instructors must have either a current National Coaching Accreditation Scheme (NCAS) accreditation or National Martial Arts Instructor Accreditation Scheme (NIAS) accreditation.
2. All unsupervised Instructors are bound by the "Instructors Code of Ethics" of the Martial Arts Industry Association.
3. All unsupervised Instructors must have current WorkCover approved Senior First Aid certification.
4. All unsupervised Instructors must have in place appropriate and separate public liability and professional indemnity insurance.
5. All Instructors will be bound by this Code of Conduct and the National Code of Practise for Martial Arts Instructors



Code of Conduct

A.4 Safety

1. Instructors will ensure that the training area is clear of any dangerous and/or sharp objects that may provide a risk of injury.
2. Instructors will have access at all times to a fully equipped first aid kit. The kit will be of the minimum standard of a St Johns Industrial First Aid Kit or equivalent.
3. Persons must not wear jewellery or watches during training.
4. All persons participating in training agree to maintain self-control at all times and maintain all care in the application of any technique.
5. Any person who, in training, exhibits behaviour that, in the judgement of the Instructor, is a danger to other participants, shall not be allowed to continue training until the Instructor determines the danger is no longer present.

A.5 Training Area Etiquette

1. Persons will bow in the appropriate manner upon entering the Training Area.
2. Shoes must be taken off before entering the training area unless the shoes are special martial arts footwear approved by the Instructor (see "Clothing" below).
3. Persons must be punctual, preferably early, so that they are ready to train when class commences. If arriving late, a person must wait at the side of the Training Area until the Instructor indicates that a person may join the class.
4. Persons must not chew gum whilst training.
5. Food and/or drink (including water) must not be consumed whilst on the training area.
6. Mobile phones must be turned off during training. Mobile phones inadvertently left on during training may not be answered. Any person who is "on-call" for work may seek approval from the instructor prior to the commencement of class to leave his or her mobile phone on.

A.6 Uniforms & Training Gear

All Persons must wear the following approved clothing during all training sessions:

1. Pants: Plain black Hapkido pants without elasticised ankles. Other types of long black pants may be acceptable only if approved by the instructor. During hot weather only, some t-shirts may be permitted. Lycra shorts or tights are not permitted.
2. Tops: Hapkido top part of uniform to be worn
3. Shoes: Only special martial arts training footwear which has been approved by the instructor can be used in some circumstances
4. Belts: Graded students must wear their belt.
5. All clothing must be free of all logos or markings unless the logo is that of Sydney Hapkido Academy and its affiliates.
6. Persons inappropriately attired will not be allowed to train.
7. In addition to the general uniform requirements, persons must bring a towel and filled water bottle to each training session.



Code of Conduct

A.7 Sparring requirements

1. Persons participating in sparring activity must purchase and wear an approved mouth guard and bring this mouth guard to every training session.
2. As boxing drills are a regular conditioning activity, persons are encouraged to purchase their own set of boxing mitts of an approved 14oz or 16oz size.
3. In addition to their personal mouth guards, persons participating in non-contact sparring may wear full protective clothing, either their own or as supplied by TTA, comprising body guards, head guards, groin guards and 14oz or 16oz boxing mitts.

A.8 Sickness or Injury

1. Persons must not train if they are suffering from the flu or other viral infection that may be passed on to other persons.
2. Persons must advise the Instructor if suffering from any injury or medical condition, either permanent or temporary, which may be adversely affected by certain types of training. Some examples of this may include blood pressure problems and cardiac disorders, neck and back injuries, diabetes and asthma.
3. If requested by the Instructor, persons with the above or like conditions must show this Code of Conduct to their physician and secure a medical certificate clearly stating that the person is able to participate in classes conducted by **Sydney Hapkido Academy** and whether there are any restrictions or conditions applicable.

A.9 Other Health Issues

1. Persons must not attend training under the influence of alcohol or illegal drugs.
2. Smoking is not allowed in the Training Area.
3. Persons training must give proper attention to personal hygiene and exhibit clean grooming; and ensure that fingernails and toenails are trimmed and clean..
4. Persons with a cut or bleeding injury must cease training immediately and receive appropriate first aid. Rejoining the training session will not be allowed until the instructor has deemed that is safe to do so.
5. Persons administering first aid to a person suffering a cut or bleeding injury must wear protective gloves.

A.10 Grading Conditions

1. Opportunity to grade under the **Sydney Hapkido Academy®** syllabus occurs when necessary. A person may only grade at these times subject to the final determination of the Performance Review Manager and/or Director-Instructor.
2. Each six-month interval between grading is divided into two three-month terms: the Post-Grading Term and the Pre-Grading Term.
3. Grading fees must be paid at the commencement of the Pre-Grading Term.
4. In assessing a person's readiness to grade, the Instructor takes into consideration such factors as consistency of attendance, attitude, determination, focus and attention during training sessions, as much as a person's knowledge of the **Sydney Hapkido Academy®** syllabus to the point he or she wishes to grade.
5. To secure grading under the **Sydney Hapkido Academy®** syllabus a person must be a current financial member of the Academy
6. Membership of **Sydney Hapkido Academy®** requires a person to agree to be bound by this Code of Conduct.



Code of Conduct

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7. **Sydney Hapkido Academy®** reserves the right to revoke the grading of any person who breaches this Code of Conduct.

A.11 Training Area Ethics

1. Persons must always be courteous and helpful to each other.
2. Physical contact between persons who are training must be appropriate to the situation and necessary for the skill development of those persons.
3. Sexual harassment, defined as being where a person is subjected to unwanted or uninvited sexual behaviour, will not be tolerated.

Any form of discrimination based on sex, ethnic origin, language, colour, or other form of differentiation will not be tolerated.

4. All students are required to focus, listen at all times, be respectful with a willingness to learn.

Signed -----

Payment / Billing Collection Authority Form

Club/Centre/Business Name:	SYDNEY HAPKIDO ACADEMY	Branch name:	DACEYVILLE
A.B.N	50 826 139 537		
Address:	26a Bunnerong Rd, Daceyville		
Ph: ()	0418 956 135		

Paying the fee(s) on time in accordance with the below Member Payment Agreement for the services that the Club/Centre/Business named above provides to the member named below is one of the obligations of the member, named below to the Club/Centre/Business named above. By signing this document you also accept the services (listed overleaf) of Members Management Systems Pty Limited as well as authorising Members Management Systems Pty Limited to facilitate your payment to the Club/Centre/Business named above. This authority shall stand pursuant to the terms & conditions of any contractual agreement between the member and the Club/Business/Centre named above. The administration of this authority is conducted by Members Management Systems Pty Limited. The services provided to the member named below by Members Management Systems Pty Limited are administrative only and do not extend to the provision of any services or benefits provided by the Club/Business/Centre.

Please Print Clearly Using CAPITAL Letters

Member Information

Member Name : _____ DOB ____ / ____ / ____

Address : _____ City _____ State _____ PC _____

Billing Name : _____ Driving Licence Number: _____

H-Phone : (_____) _____ - _____ Other Ph (_____) _____ - _____ E-mail _____

MEMBER PAYMENT AGREEMENT / TERMS & CONDITIONS

Starting from/...../..... and periodically thereafter as specified, I/We hereby authorise Members Management Systems Pty Limited to make withdrawals from my/our nominated account for the service that I/We receive from the above business.

\$ (Inc GST) Fee <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Ongoing membership with <input type="checkbox"/> Weeks / <input type="checkbox"/> Months cancellation notice. The period of Suspension will have no bearing on the validity of the contract. That is it will be added on to the end of the initial contract period	<input type="checkbox"/> Term membership with Payments The period of Suspension will have no bearing on the validity of the contract. That is it will be added on to the end of the initial contract period
<input type="checkbox"/> \$1.95 (Inc GST) Administration Fee per payment	\$ (inc GST) Club/Centre/Business joining/Setup Fee	Other

Payment options

<input type="checkbox"/> CREDIT CARD DEBIT AUTHORITY I authorise Members Management Systems Pty limited to charge/debit my card in accordance with above "Members Payment Agreement". <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Name on the card: _____ Card number: _____ Expiry date: ____/____ Signature _____	<input type="checkbox"/> DIRECT DEBIT REQUEST I/we request that moneys due in terms of the repayment arrangements covered by this document be drawn by Members Management Systems Pty limited (User ID 321357) under this Direct Debiting system from my/our account conducted with. Financial Institution Name: _____ Branch: _____ Account Name: _____ BSB # _____ - _____ Acct # _____ I/we acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debits Service Agreement received from you. Signatures 1 _____ 2 _____ If debiting from joint or business account, are two signatures required
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PAYMENT AGREEMENT AUTHORISATION

I/We have read "service agreement" overleaf & acknowledge and agree to same.
 I/We request this arrangement remain in force in accordance with the schedule described above & in compliance with the "service agreement" overleaf.
 I/We authorise the financial institution to release information allowing Members Management Systems Pty limited to verify my/our account details.
 I/We hereby indemnify and shall keep indemnified Members Management Systems Pty limited for debiting my/our account(s) in accordance with the above Members Payment Agreement.

Account holder(s) signature:

Date:

Staff signature::

Date:

Customer Service Agreement

Definitions:

“Us/We” means the business/Club/Centre named overleaf .

“You” means the member named overleaf who signed the Credit Card Authority or Direct Debit Request.

“Your financial institution” is the financial institution that holds your bank account (e.g. cheque or saving account) OR issued your credit card that you have authorised Members Management Systems Pty Limited to arrange to debit.

“Account” means your bank account (e.g. cheque or saving account) OR the credit card held with your financial institution from which Members Management Systems Pty Limited is authorised by you to arrange for funds to be debited.

“Direct Debit” request means the Direct Debit Request between Members Management Systems Pty Limited and you.

Members Management Systems Pty Limited will debit the BSB/Account OR credit card nominated in the Schedule of this payment authority form as specified. This is to facilitate your payments and is a service to you from Members Management Systems Pty limited. Members Management Systems Pty Limited will only arrange for funds to be debited from your account as authorised in the Credit Card Debit Authority OR Direct Debit Request.

We may, by prior arrangement and advice (30 days notice) to you vary the amount or frequency of future debits.

You should check your account statement to verify that the amounts debited from your account are correct .

You should check: your account details which you have provided to us are correct by checking them against a recent account statement.

When a debit day falls on a weekend and/or public holiday all debits for that weekend or public holiday will be processed on the FOLLOWING BUSINESS DAY.

In event of fraud where Members Management Systems Pty limited is not at fault, Members Management Systems Pty limited will be free of any legal liability.

Direct debiting is not available on the full range of accounts and as such you must check with your financial institution. Hence, Members Management Systems Pty Limited does not guarantee to provide direct debit service to you.

Confidentiality

Members Management Systems Pty limited and us will keep any information (including your account details) in your Credit Card Debit Authority or Direct Debit Request confidential. Members Management Systems Pty limited and us will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. Members Management Systems Pty limited and us will only disclose information that we have about you: (a) to the extent specifically required by law; or (b) for the purposes of this agreement (including disclosing information in connection with any query or claim). If you wish to notify Members Management Systems Pty limited in writing about anything relating to this agreement, you should write to PO Box 699, Artarmon NSW 1570 (Ph: 02-9746 6819 Fax: 02-9746 6849). Members Management Systems Pty limited and us will notify you by sending a notice in the ordinary post to the address you have given us overleaf. Any notice will be deemed to have been received on the third banking day after posting.

We may refer an account to a collection agency or attorney’s office for debt collection and/or credit reporting.

Your Rights:

If you wish to stop or defer or change a debit payment you must notify both Members Management Systems Pty Limited and us in writing at least fourteen (14) days before the next debit day. This is subject to the terms and conditions of any agreement between you and us.

Where you consider that a drawing has been initiated incorrectly (outside Members Management Systems Pty Limited Repayment Plan arrangements) you should take the matter up directly with us.

Should the original terms & conditions of this agreement need to be varied a minimum of seven days notice will be provided.

Queries arising as a result of any such variation must be notified to Members Management Systems Pty limited two working days prior to the first debit date the variation would apply to.

If a debit item is disputed, Members Management Systems Pty limited must be notified immediately. Members Management Systems Pty limited endeavour to resolve this matter within Industry agreed timeframes. Disputed debit items resolved in favour of Members Management Systems Pty limited will incur an administration fee.

Your Commitment to us , Your responsibilities

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Credit Card Debit Authority or Direct Debit Request. If there are insufficient clear funds in your account to meet a debit payment: (a) you may be charged a fee and/or interest by your financial institution ; (b) you will also incur fees (\$5) by Members Management Systems Pty Limited as well as (\$8) fee for any payment received ten (10) days past due and any return fees incurred by Members Management Systems Pty limited .; and (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that Members Management Systems Pty Limited can process the debit payment.

It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing instruction held by the Financial Institution where the account is based

It is your responsibility to advise us if the account nominated by you to receive the Members Management Systems Pty limited Repayment Plan drawings is transferred or closed.