



Shire of Derby / West Kimberley

Fitzroy Crossing Gym Key Application Form

Section 1 - Members Contact Details

Full Name:			
Address:			
Mobile number:		Work:	
Email Address:			
Emergency Contact	Name:		Contact:

Terms and Conditions

General Conditions

1. Fitzroy Crossing gym members will be required to pay a refundable key bond payment of \$100 to the Shire of Derby/West Kimberley / Fitzroy Crossing Visitor Centre key before key can be issued.
2. The key must be returned to the Shire of Derby/West Kimberley Fitzroy Crossing Visitor Centre when gym membership is cancelled.
3. Gym member must sign off on section 2 (below) on the Fitzroy Crossing Gym Key Application form at the Shire of Derby/West Kimberley Fitzroy Crossing Visitor Centre to show key has been returned.
4. Gym key must not be damaged when returned.
5. The \$100 bond fee for the gym key will be returned by the Shire of Derby/West Kimberley as direct deposit into your nominated banking institution.
6. If a key is lost the \$100 key bond fee will not be refunded to gym member and a new Fitzroy Crossing Gym Key Application will need to be completed to receive a new key.
7. Lost keys must be reported by gym members to the customer service team at the Fitzroy Crossing Visitor Centre.

Certification of agreement / understanding

1. I, the member, hereby certify that I have read the conditions stated in the Fitzroy Crossing Gym Key Application and I fully understand the conditions and will comply with them.
2. I, the member, confirm I have been issued key number _____ for the Fitzroy Crossing Gym.

Signature of Member: _____

Date: _____

Return of Bond

Bond will be returned via EFT or cheque. Please select preferred option:

EFT	
Account Name:	
BSB:	
Account Number:	

CHEQUE	
Payable to Name/Organisation:	

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Shire of Derby / West Kimberley

Section 2 – Returning of Key

I _____ have returned my gym key to the Shire of Derby/West Kimberley Fitzroy Crossing Visitor Centre. PLEASE PRINT NAME			
Signature of Applicant:		Date:	

Section 2 – Reporting Lost Key

I _____ have lost my key to the Fitzroy Crossing gym and have reported it to the Shire of Derby/West Kimberley Customer service team at the Fitzroy Crossing Visitor Centre. PLEASE PRINT NAME			
Signature of Applicant:		Date:	

SHIRE ADMINISTRATION USE ONLY

Issuing Officer Name:		Synergy Record Number:	
Issuing Officer Signature:		Receiving Officer Name:	
Date:		Receiving Officer Signature:	
Key Number Issued:		Date Key Returned By Member:	
Date Key Bond Paid:		Date Bond Refunded:	
Key Bond Receipt Number			

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