



Please update/correct/adjust in this column

Surname of person responsible for account		
First Name		

All invoices and correspondence with regard to the account will be sent to this person

Is this person a member of Virgin Active ?	<input type="checkbox"/>	
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ID Number		
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E-mail Address		
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Business Phone		
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Home Phone		
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Mobile Phone		
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Fax Number		
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Postal Address		
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Post office		
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Postal Code		
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Home Address		
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Suburb/Town		
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City		
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Spouse/Other Guardian		
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Spouse email address		
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Spouse Mobile Phone		
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Spouse ID number		
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Spouse member of Virgin Active?	<input type="checkbox"/>	
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Correspondence other than accounts to be sent to Account holder or Spouse/Other Guardian?		
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Signature of Parent/Guardian		
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Date of Signature	
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