A. YOUR APPLICATION TO JOIN API LEISURE & LIFESTYLE

Surname _____ **Given names** _____
Title _____ **Date of birth** _____
Mailing address _____
_____ **Postcode** _____
Phone (home) _____ **Phone (work)** _____
Phone (mobile) _____ **Fax** _____
Email _____ **Occupation** _____
Work address _____
_____ **Postcode** _____

Single ☐ Yes ☐ No If no, please provide family details. Membership covers immediate family members.

Family details
Partner _____ Date of birth _____

Personalised Partner Membership Card ☐ $5 (Please also complete section 1 or 2 below for $5 payment.)

Join Chloe's Club! Chloe's Club is exclusively for kids aged nine and under. Simply tick the Chloe's Club box to register your children for free.

Dependants _____ Date of birth _____ Chloe's Club ☐
Dependants _____ Date of birth _____ Chloe's Club ☐
Dependants _____ Date of birth _____ Chloe's Club ☐

B. PAYMENT METHOD

Select one of the following three membership payment options or turn over for direct debit.

1. CREDIT CARD DEDUCTION AUTHORITY

I, _____
surname given names

authorise API (Qld) Inc. to charge my credit card. In the event of changes of payments, I authorise API (Qld) Inc. to alter the amount from the appropriate date in accordance with such changes. API membership will be automatically renewed unless cancelled in writing.

Credit card details ☐ VISA ☐ Mastercard
Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐/☐☐
Name on card _____
Financial institution _____
Charge my credit card with ☐ $110 annually for family membership ☐ $55 annually for retired membership
☐ $5 partner card
Signature _____ Date _____

2. ANNUAL PAYMENT, CHEQUE, MONEY ORDER

I, _____
surname given names

would like to pay by ☐ Cheque ☐ Money order

Enclosed amount $ _____ $110 annual family membership, $55 retired & over 55 years old &/or add $5 for partner card.

3. PAYROLL DEDUCTION AUTHORITY

Please check if this is an option with your employer.

Employer _____
Payroll number _____
I, _____
surname given names

HEREBY authorise the above Employer, its duly authorised servants and agents, to deduct $4.50 from my salary/wages each fortnight for a minimum period of 12 months and pay the deductions directly to API Leisure & Lifestyle. The amount to be deducted may, from time to time, be varied by API Leisure & Lifestyle in accordance with revised rates of contribution and the Employer shall be notified directly by API Leisure & Lifestyle of the variation/s.
Should my membership be cancelled by me then this Payroll Deduction Authority shall remain in force until the expiry of the said 12 months. Any cancellation or termination must be confirmed to the Employer by API Leisure & Lifestyle. API Leisure & Lifestyle shall also notify the Employer of the last deduction date.
All payments made on my behalf in accordance with this authority shall be deemed to be payments by me personally. This authority shall remain in force until revoked by API Leisure & Lifestyle, and is an irrevocable authority and direction to the above Employer and its duly authorised servants and agents. I indemnify the abovementioned Employer, its duly authorised servants and agents and employees thereof against any failure to make deductions and remittance as authorised herein.

Signature _____ Date _____

RETURN THIS FORM TO API LEISURE & LIFESTYLE

OFFICE USE ONLY
RECRUITED BY: _____

FAX: 07 3831 3336 **MAIL:** Reply Paid 660, Brisbane, 4001 **CALL:** 1300 130 566

4. MEMBERSHIP PAYMENT BY DIRECT DEBIT

Please also complete Part A over the page.

I, _____
given names surname

of _____
address suburb/city postcode

authorise A.P.I. Promotions Pty Ltd (Debit user ID Number 012393) until further notice in writing, to debit my account described in the schedule below, any amount which it or The Australian Post-Tel Institute (Queensland) Inc. (collectively API) may debit or charge me through the Direct Debit System. I have read your service agreement and acknowledge its terms and conditions.

Signature X _____
date

DIRECT DEBIT REQUEST FOR MEMBERSHIP (please tick)

# Membership is for a minimum of 12 months.	Fortnightly	Monthly	Yearly
☐ API full membership	☐ $4.50#	☐ $9.90#	☐ $110
☐ API retired membership (retired and over 55 y.o.)		☐ $4.95#	☐ $55

DETAILS OF ACCOUNT TO BE CHARGED (Please select *either* Bank Account *or* Credit Card)

Bank account BSB number ☐☐☐–☐☐☐ Account number ☐☐☐☐☐☐☐☐☐

Personal account name _____

Name of financial institution _____ Branch location _____

Credit card details* ☐ VISA ☐ Mastercard Amex & Diners not accepted.

* Credit card direct debits will incur a 1% credit card fee.

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐/☐☐

Name on card _____

Name of financial institution _____

Signature of account/card holder(s) X _____
date

Signature of account/card holder(s) X _____
date

NOTE: Please see point 10 below for direct debit processing days.

Direct Debit Request Service Agreement

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise API to debit your nominated account in the manner described in the Direct Debit Request.
2. You agree it is your responsibility to have sufficient cleared funds in your nominated account prior to the direct debit being processed by API each time to enable payment of debit items in accordance with the Direct Debit Request Form. The Debit Item will be processed on the prior business day where the due date for payment falls on a day which is not a business day in Queensland.
3. A direct debit dishonour fee of $11.00 will be charged for each dishonoured or rejected direct debit. Your bank may also charge you a fee for this dishonour. API is under no obligation to reimburse any dishonour fees charged to you by your bank. All dishonour fees are the responsibility of the member.
4. If your payment has been dishonoured or rejected, you authorise API to present a further debit for payment including any dishonour fees, or we may request alternative means of payment within seven days (e.g. Cash, Cheque, Netbank transfer or Credit Card)
5. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
6. You will need to give API at least two working days notice before we are due to process your direct debit if you wish to defer, alter or cancel any of the debit arrangements. In the case of the API Fuel Card, cancelling or deferring a direct debit will result in API suspending your fuel cards. Once your Fuel Account is subsequently paid, your fuel cards can be reactivated with API's consent.
7. If you wish to dispute any Direct Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution who will then commence a formal claims procedure on your behalf.
8. Some financial institution accounts or credit cards do not facilitate direct debit. If you are uncertain, you should check with your financial institution or credit card provider before signing a Direct Debit Request to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
9. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative, to enable your claim to be assessed.
10. API processes the monthly Direct Debits on the 18th of the month, or on the Friday prior if the 18th falls on a weekend or public holiday in Queensland. Weekly Direct Debits will be processed each Friday. Fortnightly Direct Debits will be processed each alternate Friday, the day after Pension Days. Weekly and fortnightly Direct Debits will be processed the prior business day to Friday where the Friday is a public holiday. If you are unsure the date your Direct Debits are to be processed, please contact API on 1300 130 566 or contact your financial institution.