REGISTRATION FORM

The Exercise Centre at Aarhus University (FMAU)

Flease complete the information	in below in block capitals
First name	
Surname	
Day and year of birth	
E-mail (private e-mail address)	
Private address	Postal code and town/city
Mobile Phone (private)*	
Desired access card pin code (fo	ur digits, but not four zeros)
Name and place of work of your	spouse, AUID or cohabitant*
Please attach documentation of joint address (for example, health insurance certificate) for both	
NESTOR member? YES	NO
*must be filled Membership fee DKK 75 per month (see www.motion.au.dk). This form should be signed, scanned and sent to FMAU@live.dk.	
Tills form should be signed, sour	illed alla selli to i mao elive.ak.
The registration form should be received by the Exercise Centre by the 15th day of the month to allow membership from the 1st day of the following month (however not from August 1).	
You will receive a welcome letter with practical information from the Exercise Centre.	
Your payment for the remaining	g part of 2016: (To be filled in by the Exercise Centre)
You should then pay DKK 900 annually by January 20 every year.	
The Exercise Centre's bank account: 3283-3617073986 (Danske Bank).	
Date	Signature of member The member is notified of the Exercise Centre's regulations and undertakes to obey these
	THE HEIRDER IS HOURIEU OF THE EXERCISE CERTILE'S regulations and undertakes to obey these
Date	Signature of exercise centre officer
Card number Memb	ership number Start date
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