

MEMBERSHIP APPLICATION FORM

NAME _____

PRACTICE _____

ADDRESS _____

TELEPHONE: _____
FAX: _____

EMAIL _____

DATE _____

I am keen to try UVG for a trial period of one month without obligation and acknowledge that have read and understand UVG's terms & conditions and confidentiality agreement.

I accept that I need to submit bank / credit card details to UVG although I understand that no payment will be processed until my free one month trial is completed and that I am free to cancel my trial period at any time within the one month period..

Please fax the completed form to : 07 5599 1039