



**Full Throttle Give Back Program  
Supporters Membership  
Application Form**

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

What would this membership mean to you?

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Tell us a little bit about who you work with, why you love your job and what got you into this line of work: \_\_\_\_\_

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If successful, what do you hope to get out of the membership?

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*Please circle:*

Would you commit to using the membership for the full duration (e.g. 6 months) Yes / No

Do you have any injuries, illnesses, etc. that may impact your ability to train? Yes / No

Do you give consent for us to share your name and/or photo/s? Yes / No

Do you have any concerns about getting to the gym on a regular basis? Yes / No

How long have you worked in this position for? \_\_\_\_\_ weeks / months / years

How long have you worked in the sector for? \_\_\_\_\_ weeks / months / years

Please provide details of someone from your organisation that we can contact:

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Contact number: \_\_\_\_\_

Do you have any additional comments?

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Please submit applications to [admin@fullthrottetraining.com.au](mailto:admin@fullthrottetraining.com.au).

Thank you and good luck with your application 😊