



Membership Application

Receipt: _____ Concession No: _____ Date: _____

APPLICANT DETAILS (Please Print Clearly)

Surname:

First Name:

DOB:

CONTACT INFORMATION (Please Print Clearly)

Address:

Suburb: Postcode:

Home Phone: Work:

Mobile: E-Mail:

MEMBERSHIP INFORMATION (Please Print Clearly)

NEW RENEW

Existing Membership Number (If Applicable) _____

- | | | | |
|-----------------------------------|----------|--|----------|
| <input type="checkbox"/> ADULT | \$22.00 | <input type="checkbox"/> CONCESSION (ID Sighted) | \$11.00 |
| <input type="checkbox"/> JUNIOR | \$5.50 | <input type="checkbox"/> FAMILY CONCESSION | \$16.50 |
| <input type="checkbox"/> FAMILY | \$33.00 | <input type="checkbox"/> COMMUNITY GROUP | \$55.00 |
| <input type="checkbox"/> DONATION | \$ _____ | <input type="checkbox"/> BUSINESS | \$155.00 |

DECLARATION (Please Print Clearly)

I acknowledge that the information on this application is true and correct. I also understand that my application may not be approved without reason or notification.

Signed: _____

Date: _____

Actioned by: _____

Date: _____

Membership No: _____