

AQUATIC CENTRE

Membership Form
(Please Print)

Member Surname:First Name:.....

Parent/Guardian if member is a child:.....

Address:.....

Email Address:.....

Tel Home: Work Mother:Work Father:.....

Sex: Club Affiliation: Birthdate: d..../m..../y.....

+++ MEMBERSHIPS ARE ANNUAL, FOR YOUR CONVENIENCE PAYMENTS CAN BE MADE IN INSTALMENTS AS SET OUT BELOW +++

Individual	Family (2 per)	Family (3 Per)	Family (4 per)	OFF PEAK
\$675 year	\$1,080 year	\$1,260 year	\$1,350 Year	\$730 individual
\$388 half year	\$621 half year	\$724.50 half year	\$776.25 Half year	\$420 Half Year
\$293 Termly	\$468 Termly	\$546 Termly	\$585 Termly	\$1080 family
				\$625 Half Year

BARP Member
\$730.00 individual- (20%)
****\$1,080 family (20%)**

**** This quoted price applies to a husband and wife who are both BARP Members.**
Each additional swimmer will be \$90.00 extra on the Annual 4 swimmer fee.(two & three payment plans offered)

Family Members	Sex	Birthdate
1.....	d...../m...../y.....
2.....	d...../m...../y.....
3.....	d...../m...../y.....
4.....	d...../m...../y.....

"I have read and understand the membership guidelines and the pool rules of the Aquatic Centre and agree to abide by them."

Signature: _____ **Date:** _____

Amount Paid	Receipt No.	Membership Period	Office Initials

For Official Use Only

MEMBER'S NAME.....

Invoice Number	Date Paid	Amount Paid	Receipt No.	Membership Period	Official Initial
