



Membership Form

- Adult Season Concession Season Family Season
 Adult 10 Visit Concession 10 Visit

Personal Details

Mr Ms	Mrs Dr Miss		Date of Birth	Member No.
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Contact Details

Address				Postcode	
Home Ph:		Work Ph:		Mobile:	
Email					

Medical Conditions (if applicable)

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Emergency Contact

Given Names	Surname	Relationship	
		Contact No.	

Additional Family Members (Family passes only)

Title	Names	D.O.B.	Medical Conditions	Member No.
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Terms and Conditions

- Customer Identification cards are to be produced upon each visit to enable entry to the centre
- You must notify the centre if your card is lost or stolen
- Immediate family members only are eligible to form part of a family pass
- All 10 visit passes expire and the end of the operating season in which they were purchased
- Information contained on this form is collected on behalf of the ACT government, may be used by the government for the purposes of operations of this facility and may be provided to any subsequent Manager of the facility

Signature _____ Date: _____

