



# Membership Form

<input type="checkbox"/> Standard/Adult Season	<input type="checkbox"/> Standard/Adult 10 Visit	<input type="checkbox"/> Family Season
<input type="checkbox"/> Concession Season	<input type="checkbox"/> Concession 10 Visit	
<input type="checkbox"/> Pensioner Season	<input type="checkbox"/> Pensioner 10 Visit	Receipt No.

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

Contact Details			
Address			Postcode
Home Ph:	Work Ph:	Mobile:	
Email			

Medical Conditions (if applicable)

Emergency Contact			
Given Names		Surname	
		Relationship	Contact No.

Additional Family Members (Family passes only)				
Title	Names	D.O.B.	Medical Conditions	Member No.
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Terms and Conditions
<ul style="list-style-type: none"> <li>• Customer Identification cards are to be produced upon each visit to enable entry to the centre</li> <li>• You must notify the centre if your card is lost or stolen</li> <li>• Immediate family members only are eligible to form part of a family pass</li> <li>• All 10 visit passes expire and the end of the operating season in which they were purchased</li> <li>• 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</li> </ul>

Signature \_\_\_\_\_ Date: \_\_\_\_\_



