

Membership Form

1 Membership Type (all prices include GST)

Individual (\$150)

For all professionals who work in, consult to, or are a part of the aquatic or recreation industry, including local government, peak sporting or recreation bodies, community, not for profit and aquatic leisure and recreation organisations.

Please complete details in Section 2 / A – Individual Members

Associate (\$550)

For corporate organisations, local government and businesses involved in the aquatic and recreation industry including councils, contract management agencies, training providers, product suppliers, community organisations, peak bodies and government departments.

Please complete details in Section 2 / B – Associate Members

Facility (\$550)

For all types of facilities including aquatic centres, fitness centres, recreation and leisure centres and sports stadiums.

Please complete details in Section 2 / C – Facility Members

Multiple Facilities

- ▶ \$495 per facility for membership of up to five (5) facilities. Corresponding benefits will apply to each facility.
- ▶ \$440 per facility for membership of over five (5) facilities. Corresponding benefits will apply to each facility.

Please complete details in Section 2 / C – Multiple Facilities

All memberships run for a 12 month period from the date of joining. Organisations joining as a Facility or Associate member can nominate up to two (2) representatives per facility to receive the member benefits. Nominated individuals cannot be changed during the period of membership, however membership benefits can be shared amongst other staff by quoting the membership number.

2 Member Details

A / Individual Member

I wish to take out an Individual Membership to Aquatics & Recreation Victoria and agree to abide by its constitution, rules and bylaws.

First Name: _____ Last Name: _____

Position: _____ Organisation: _____

Postal Address: _____

Suburb: _____ State / Postcode: _____

Email: _____

Phone: _____ Mobile: _____

B / Associate Member

On behalf of the organisation named below, I wish to take out an Associate Membership to Aquatics & Recreation Victoria and agree to abide by its constitution, rules and bylaws.

Organisation Name: _____

Phone: _____ Postal Address: _____

Suburb: _____ State / Postcode: _____

Nominated Representative: _____

First Name: _____ Last Name: _____

Position: _____ Mobile: _____

Email: _____

2nd Nominated Representative: _____

First Name: _____ Last Name: _____

Position: _____ Mobile: _____

Email: _____

Membership Form (cont.)

C / Facility Member

Please enter the membership contact details below if taking out a Facility Membership. If taking out Membership for more than one facility, please make additional copies of this form. On behalf of the facilities named below, I wish to take out a Facility Membership to Aquatics & Recreation Victoria and agree to abide by its constitution, rules and bylaws.

Facility Name: _____

Phone: _____ Postal Address: _____

Suburb: _____ State / Postcode: _____

Nominated Representative: _____

First Name: _____ Last Name: _____

Position: _____ Mobile: _____

Email: _____

2nd Nominated Representative: _____

First Name: _____ Last Name: _____

Position: _____ Mobile: _____

Email: _____

3 Membership Payment Details / Tax Invoice

Please complete membership payment details below. Payment must accompany this application form. Cheques should be made payable to Aquatics & Recreation Victoria. ABN 82 051 944 564.

- Individual \$150 (inc. GST)
- Associate \$550 (inc. GST)
- Single Facility \$550 (inc. GST)

Multiple Facilities

- 2-5 Facilities @ \$495 each (inc GST) Number of facilities: _____ Total \$ _____
- Over 5 Facilities @ \$440 each (inc GST) Number of facilities: _____ Total \$ _____

4 Payment Method

- Direct Debit EFT [BSB: 063 011 Acc No: 10028679]
- Cheque Money Order Visa MasterCard

Card No. Expiry Date: / /

Cardholder's Name: _____ Total Amount \$ _____

Signature: _____ Date: / /

Contact Person: _____ Phone: _____