

# Membership Application Form



## 1. Membership Type (All prices include GST)

---

### **Individual (\$150)**

for all professionals who work in, consult to, or are a part of the Victorian 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 – Individual Members*
- 

### **Associate (\$550)**

for corporate organisations, local government and businesses involved in the Victorian 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 – Associate Members*
- 

### **Single 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 – Single Facility Members*
- 

### **Multiple Facilities**

- *Please complete details in Section 3 – Multiple Facilities*

- **2-5 Facilities**  
(\$495 per facility)

for membership of between two (2) and five (5) facilities a 10% reduction per facility is applicable, with corresponding benefits applying to each facility.

- **Over 5 Facilities**  
(\$440 per facility)

for membership of over five (5) facilities a 20% reduction per facility is applicable, with corresponding benefits applying to each facility.

- **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 to receive the member benefits. Nominated individuals cannot be changed during the period of membership, with membership benefits only available to the nominated individuals.**

## 2. Member Details

Please enter the membership contact details below.

### Individual Members

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

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State / Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Single Facility or Associate Members

On behalf of the facility named below, I wish to take out a Membership of Aquatics & Recreation Victoria and agree to abide by its constitution, rules and by laws.

**Facility / Organisation Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State / Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### 2nd Nominated Facility or Associate Representative

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- After entering the membership contact details for either an Individual, Single Facility or Associate member, please proceed to and complete Section 4 – Membership Payment Details.
- If taking out Membership for more than one facility, please complete the details in Section 3.

### 3. Multiple Facilities

Please enter the membership contact details below if taking out Membership for more than one facility. If taking out Membership for more than two facilities, please make additional copies of this form.

On behalf of the facilities named below, I wish to take out a Membership of Aquatics & Recreation Victoria and agree to abide by its constitution, rules and by laws.

**Facility Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State / Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

2nd Nominated Representative Details

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Facility / Organisation Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State / Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

2nd Nominated Representative Details

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** (preferred contact number) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- After entering the membership contact details, please complete Section 4 – Membership Payment Details.

