



# Waikerie Community Swimming Pool Membership Rebate

## Membership type

Please tick the appropriate box:

- Adult Membership
- Concession/Student/Senior
- Family- 2 Adults 2 Children

**Surname:** \_\_\_\_\_ **Given Name/s:** \_\_\_\_\_

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

**Postcode:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

### Payment EFT

**Name:** .....

**BSB:** .....

**Account:** .....

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_