

Queenscliff SLSC 2016-2017 Schedule of Fees

Membership Type: (Birth dates as at 1 October 2016)	Tick Applicable	Fees
Membership (all Categories)	<input type="checkbox"/>	\$130
Member if > 65 Years of age	<input type="checkbox"/>	\$60
Second Family Member	<input type="checkbox"/>	\$110
Family Membership (3 or more Family members living under the same roof)	<input type="checkbox"/>	\$270

N.B. Discount of \$50 for all members who completed over 50 patrol hours in 2015-2016*

N.B. Nipper members require at least one accompanying adult member per Family.

*** Maximum one discount per family membership**

Life Saving Training (in addition to Membership fee)

SRC training	<input type="checkbox"/>	\$50
Bronze Medallion Training (< 19 years)	<input type="checkbox"/>	\$80
Bronze Medallion training (>19 years)*	<input type="checkbox"/>	\$230

* Includes Membership for 2017-2018

Competition Fee (U15, U17, U19, Opens, Masters, March Past)	<input type="checkbox"/>	\$30
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Gym Membership Type

Standard Member (General member, Associate or Nipper parent)	<input type="checkbox"/>	\$450 PA
Full Patrol Member (minimum of 25 hours last season)	<input type="checkbox"/>	\$200 PA
Competitors Opens or Masters	<input type="checkbox"/>	\$200 PA
Over 65's and Life Members	<input type="checkbox"/>	\$200 PA
U17 and U19s Members	<input type="checkbox"/>	\$50 PA
Swipe Band or Tags	<input type="checkbox"/>	\$20

Payment Details

Membership Total: \$ _____ inc discount

Additional Fees Total: \$ _____

(Training, Gym Fees and Swipe bands or Tags)

Donation: \$ _____

If paying in person at Club, please bring card with you: do not complete card number details below.

TOTAL PAYMENT AMOUNT: \$ _____

PLEASE PRINT CLEARLY

Cash Cheque

Direct Deposit: Queenscliff SLSC BSB: 032096 Acc: 761440

Ref: Surname, Initial & membership class

Visa Mastercard | _ | _ | _ | _ | - | _ | _ | _ | _ | - | _ | _ | _ | _ | - | _ | _ | _ | _ |

Expiry Date: | _ | _ | / | _ | _ | CVV: | _ | _ | _ |

Name on Card: _____ Contact Number: _____

Eftpos:

Office Use Only

Receipt No: _____ Date: _____

Entered: _____