

Queenscliff SLSC 2017-2018 Schedule of Fees

Office use only
 Receipt Number:
 Date:

Membership Type: (Birth dates as at 30 September 2017)	Tick Applicable	Fees
Life Member	<input type="checkbox"/>	Fees Waived
Membership (all Categories)	<input type="checkbox"/>	\$130
Member > 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 2016-2017*

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

* **Maximum one discount per family membership**

Non Volunteering Fee (Single Member)	<input type="checkbox"/>	\$90
Non Volunteering Fee (Family)	<input type="checkbox"/>	\$180

Life Saving Training (in addition to Membership fee)

SRC training	<input type="checkbox"/>	\$80
Bronze Medallion Training (< 19 years)	<input type="checkbox"/>	\$100
Bronze Medallion training (>19 years)*	<input type="checkbox"/>	\$250

* Includes Membership for 2018-2019

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
Patrol Member (minimum of 25 hours last season), Competitors, Opens or Masters, U17 and U19 Members	<input type="checkbox"/>	\$0
Swipe Band or Tags	<input type="checkbox"/>	\$80

Payment Details

Membership Total: \$ _____ inc discount

Additional Fees Total: \$ _____
 (Training, Gym Fees, Non Volunteer contribution 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

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

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

Name on Card: _____ Contact Number: _____