

Eden Marine Centre Ltd Associate Membership Application Form

APPLICATION FOR ASSOCIATE MEMBERSHIP

 Membership Benefits: 12 months free entry into Marine Discovery Centre 10% discount off retail stock Early notice of special presentations and events Free entry into special presentations and events (does not include Marine Science Earure) 	one and seconded by another Member. Please fill to act as Nominee and Seconder. Applications muss Marine Discovery Centre for consideration by the D accepted or rejected by the Directors of the compa Directors. Applicants will be notified immediately a been accepted or not. New Members should requ Constitution and familiarise themselves with the cl (PLEASE PRINT) APPLICANT'S NAME:					
 Forum) E-Newsletter direct to your 		State	Postcode			
inbox	Postal Address: (if different to above):					
X	Telephone: Mobile: Mobile:	State	Postcode			
Membership Fees:	APPLICANT'S SIGNATURE:					
 Adult - \$40 per person (16 years and over) 						
 Pensioners/students - \$25 per person –verification required 	NOMINATOR (PRINT NAME): Nominator's signature:					
 Family – 2 adults + 2 children (under 16) - \$80 per family + \$10 per additional child 	SECONDER (PRINT NAME):					
 Prices include GST 	Seconder's signature:	Dat	e:			
by the Australian Taxation Office as have Donations to the Trust are fully Tax Dec	acts as Trustee for The Eden Whale Discovery Ce ving charity Tax concessions and as a Deductible ductible. Membership fees are not tax deductibl	Gift Recipient (DGR) e.	organisation.			

	Membership Fee: \$00	Tax Deductible Donation \$.00	TOTAL: \$.00			
	Method of Payment: (please tick)							
	By cheque payable to Eden Marine Centre Ltd. Please ensure you enclose the completed form and mail to the address below.							
	Online banking: make an electronic transfer into the Eden Marine Centre Ltd Account: BSB: 062-647 A/C No: 10059241 with							
	your name as a reference. Please mail the completed form to the address below after finalising the transaction.							
	□ Credit card : Card type □ Mastercard	Visa Authorised Amo	ount: \$.00				
	Card Number:	Expiry Date:			_			
	Name on Card:	Signature:			_			
С	Office Use Only:							
	Iominee and Seconder verified	Membership fee paid		Entered into M	Iembership roll 🗌			
		· · ·			· □			
	ABN: 19 851 809 367	253 Imlay Street (P.O. Box 239) EDEN NSW 2551	L	www.sapphirecoast	<u>tdiscovery.com.au</u>			
		Ph: 02 6496 1699						

Email: members@sapphirecoastdiscovery.com.au