

Annual Membership Application Form

Full Name

Postal Address

Email

Phone

Please check the relevant box from each list

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> CHILD | <input type="checkbox"/> SAWC |
| <input type="checkbox"/> ADULT | <input type="checkbox"/> HDT |
| <input type="checkbox"/> CONCESSION | <input type="checkbox"/> COMBO |
| <input type="checkbox"/> FAMILY | |
| <input type="checkbox"/> RESIDENT | |

To claim discounted rate residents MUST present proof of address/rates notice

I agree to the Membership terms and conditions as outlined in the SA Whale Centre & Horse Drawn Tram Annual Membership flyer.

SIGN _____ **DATE** / /

INTERNAL USE ONLY **DATE**

Card given	
Welcome letter	
Expiry date	
Add to spreadsheet	
Add to MailChimp	

Applicant Full Name of