

MEMBERSHIP APPLICATION



DATE: ____/____/____

FUN STUFF: WE WANT TO KEEP YOU UP TO DATE WITH ALL DISCOVERY SPACE NEWS AND SPECIAL EVENTS

I consent to receiving information related to my membership package, Discovery Space events and special offers

YES NO

DS Staff have informed me of the \$20 IMB Bank Offer

IF YOU HOLD ANY OF THE FOLLOWING IDENTIFICATION PLEASE TICK AND COMPLETE:

IMB Bank MEMBER Number _____ CONCESSION CARD Number _____

SCIENCE CENTRE Member _____

PLEASE CHOOSE A TWELVE MONTH MEMBERSHIP PACKAGE OPTION:

1ST YEAR OF LIFE- 1 ADULT + 1 CHILD UNDER 12 MONTHS TOTAL= \$60
 CLOUD- 1 ADULT + 1 CHILD OVER 12 MONTHS TOTAL= \$90
 BURST- 2 ADULTS + 2 CHILDREN TOTAL= \$150

PLEASE SELECT YOUR ADDITIONAL EXTRAS:

<input type="checkbox"/> SECOND CHILD- \$30	<input type="checkbox"/> SUBSEQUENT CHILD/CHILDREN- \$10	
<input type="checkbox"/> SECOND ADULT- \$30	<input type="checkbox"/> SUBSEQUENT ADULT/ADULTS- \$50	
<input type="checkbox"/> CHILD UNDER 12 MONTHS (Free of charge)		
TOTAL ADULTS:	CHILDREN:	CHILDREN U12M:
TOTAL PACKAGE VALUE: \$		RECEIPT NUMBER FOR CONVERSION:

APPLICANT 1-PRIMARY ACCOUNT HOLDER (MUST BE OVER 18 YEARS OF AGE)

TITLE:	FIRST NAME:	LAST NAME:
DOB:		MOBILE:
ADDRESS:		SUBURB:
STATE:	POSTCODE:	EMAIL:

APPLICANT 2

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

APPLICANT 3

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

APPLICANT 4

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

Membership Terms and Conditions

I HAVE READ ALL TERMS AND CONDITIONS ASSOCIATED WITH MEMBERSHIP TO THE EARLY START DISCOVERY SPACE AND AGREE THAT I AND ALL OTHER INDIVIDUALS NAMED ON THIS MEMBERSHIP APPLICATION AGREE TO ABIDE BY THESE TERMS AND CONDITIONS. I UNDERSTAND OUR MEMBERSHIP MAY BE REVOKED AND ALL ASSOCIATED FEES WAIVED SHOULD I/WE BREAK THESE CONDITIONS.

Primary Member SIGNATURE: _____

Please note all details are secure and confidential and not used except for Early Start Discovery Space purposes. *PLEASE NOTE THAT MEMBERSHIP IS NOT COMPLETE UNLESS PAYMENT IS RECEIVED UPON SUBMISSION OF THIS FORM OR SALARY PACKAGING FORM COMPLETED

APPLICANT 5

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

APPLICANT 6

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

APPLICANT 7

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

APPLICANT 8

TITLE:	FIRST NAME:	LAST NAME:
DOB:		

PLEASE SELECT METHOD OF PAYMENT:

<input type="checkbox"/> CASH	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> EFTPOS
CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
EXPIRY DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			

*PLEASE NOTE THAT MEMBERSHIP IS NOT COMPLETE UNLESS PAYMENT IS RECEIVED UPON SUBMISSION OF THIS FORM OR SALARY PACKAGING FORM COMPLETED

Membership Terms and Conditions

I HAVE READ ALL TERMS AND CONDITIONS ASSOCIATED WITH MEMBERSHIP TO THE EARLY START DISCOVERY SPACE AND AGREE THAT I AND ALL OTHER INDIVIDUALS NAMED ON THIS MEMBERSHIP APPLICATION AGREE TO ABIDE BY THESE TERMS AND CONDITIONS. I UNDERSTAND OUR MEMBERSHIP MAY BE REVOKED AND ALL ASSOCIATED FEES WAIVED SHOULD I/WE BREAK THESE CONDITIONS.

NAME (PRINTED) primary member: _____

SIGNATURE: _____

Please note all details are secure and confidential and not used except for Early Start Discovery Space purposes.

