**A.B.N. 79215424048 A.I.N.A0038685S**

 ANNUAL MEMBERSHIP SUBSCRIPTION

Name: .................................................................................................................

Address: .................................................................................................................

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State: .................. Postcode : .................... Phone : .................................

Email: ............................................................................................

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| --- | --- | --- |
| Membership : Committee | ( ) Subscription | ( ) |
|  |  |  |
| Payment Method : Direct Deposit | ( ) Cheque | ( ) |

I agree to abide by the Rules of the Association,

Signature: Date :

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***Note:******family or group memberships are based on a family of 3 or more members, per application.***

*Membership*: $ 10.00 Family membership: $ 30.00 Donation: $ \_ \_ \_

Payment methods:

By Cheque: payable to *Phillip Island Aquatic Centre Fund Inc*

Direct Deposit: Phillip Island Aquatic Centre Fund Inc

Bendigo Bank BSB 633 000 Acct No 158796037

*Please notate Direct Deposit with your name*

Post Form to: Secretary

Phillip Island Aquatic Centre Fund

P.O. Box 808 Cowes VIC 3922

Email to: info@piac.org.au

*Thank you for subscribing to PIACF, you can find more information on the website*

[www.piac.org.au](http://www.piac.org.au/)

*With your support we can bring this building to life in our community*