

Membership Form

	V.I.P.				LOCAL	SHORT TERM
	FULL Family	Family	Grandparent	Single	Warrnambool, Moyne, Corangamite, Southern Grampians and Glenelg Residence	2 Week Explorer
Price	\$100	\$80	\$60	\$40	\$40	\$40
Unlimited Day Entry		x			x	x
School Holiday Program		x			\$4 per child	x
Advertised Events		x			30%	30%
Chill on the Hill		x			x	x
Night Show Discount	Unlimited entry with guest				30%	20%
Gift Shop Discount	20%				10%	10%
Tearoom Discount	10%*				10%	10%
Guest Discount	20%				-	-
Length of Membership	12 months				12 months	2 weeks

I wish to:

Membership Type:

Existing Membership No.:

YOUR DETAILS

Name:

Street Address:

City Suburb:

State:

Post Code:

Email:

Phone:

For Family Membership - please include family member names:

Please email completed form to flagstaffhill@warrnambool.vic.gov.au or present to Flagstaff Hill Reception to make Payment and collect Membership card.

OFFICE USE ONLY

Date processed: _____ Date Collected/Posted: _____ Staff Signature _____