

Membership Form

	V.I.P.			LOCAL	NEIGHBOUR
	Family	Grand-parent	Single		
Price	\$80	\$60	\$40	FREE	\$20
Unlimited Day Entry		•		•	•
School Holiday Program		•		\$4 per child	\$4 per child
Advertised Events		•		30% off	30% off
Wednesdays on the Wharf		•		•	•
Night Show Discount	unlimited entry with guest			30% off	30% off
Gift Shop Discount		20%		-	-
Tearoom Discount		10%*		-	-
Guest Discount		20%		-	-

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 it to Flagstaff Hill Reception to make Payment and collect Membership Card.

OFFICE USE ONLY

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