

Selwyn Aquatic Centre Membership Application Form

Full name:	Date of birth:	
Address:		
Contact phone number:		
Email:		
Emergency contact name and phone number:		
Medical notes:		
Medical Hotes.		
Membership option:		
3 month child swim only, \$115		
3 month adult swim only, \$165		
6 month adult swim only, \$285		
12 month adult swim only, \$490		
3 month adult swim and aqua class, \$218		
6 month adult swim and aqua class, \$365		
12 month adult swim and aqua class, \$638		
3 month gold card/community service swim only, \$130		
6 month gold card/community service swim only, \$230		
12 month gold card/community service swim only, \$410		
3 month gold card/community service swim and aqua cla	ss, \$165	
6 month gold card/community service swim and aqua cla	ss, \$280	
12 month gold card/community service swim and aqua cl	ass, \$485	
ID is required for gold card and community service rates.		
Membership commencement date:		
I have read and agreed to the Selwyn Aquatic Centre Member	ship terms and conditions:	
I would like to opt in to hear about the latest information f	rom the Selwyn Aquatic Centre by email.	
Signed:	Date:	
Staff member:		FICE USE ONLY
Entered in system? ID #		

