PERTH LYNX 2018/19 MEMBERSHIP APPLICATION FORM

3	Master / Mr / Mrs / Miss / Ms / Dr	First Name	Surname				
MEMBER (A)	Address		Suburb			State	Postcode
MB	Mobile	Phone (H)		D.O.B /	/		
Σ	Email			Referring M	lember (e.g. John Smith)	

FAMILY MEMBERSHIP DETAILS Complete this section if purchasing a family membership FIRST NAME D.O.B ADULT 2 Master / Mr / Mrs / Miss / Ms / Dr Complete this section if purchasing a family membership CHILD 1 Master / Mr / Mrs / Miss / Ms / Dr Complete this section if purchasing a family membership CHILD 2 Master / Mr / Mrs / Miss / Ms / Dr Complete this section if purchasing a family membership CHILD 3 Master / Mr / Mrs / Miss / Ms / Dr Complete this section if purchasing a family membership

ADDITIONAL MEMBERSHIP DETAILS DO NOT complete this section if ONLY purchasing a family membership

B)	Master / Mr / Mrs / Miss / Ms / Dr	First Name		Surname			
MEMBER (B)	Address		Suburb		State	Postcode	
	Mobile	Phone (H)		D.O.B / /			
	Email			Referring Member (e.g	g. John Smith)		
ប	Master / Mr / Mrs / Miss / Ms / Dr	First Name		Surname			
MEMBER (C)	Address		Suburb	:	State	Postcode	
	Mobile	Phone (H)		D.O.B / /			
MΕ	Email			Referring Member (e.g	g. John Smith)		

SEATING DETAILS AND PRICING

STANDARD	CHILD	\$99	<u>x</u>
	ADULT	\$199	<u>×</u>
	FAMILY (2a x 2c)	\$499	<u>×</u>
	FAMILY (2a x 3c)	\$599	<u>x</u>
PREMIUM	CHILD	\$99	<u>×</u>
	ADULT	\$399	<u>×</u>
	FAMILY (2a x 2c)	\$879	<u>×</u>
	FAMILY (2a x 3c)	\$939	<u>×</u>
COURTSIDE	ADULT	\$549	<u>x</u>
WHEELCHAIR	WHEELCHAIR	\$110	<u>x</u>
	ATTENDANT	\$110	<u>x</u>
SUPPORTER	NON-TICKETED	\$39	<u>x</u>
	TICKETED	\$49	<u>x</u>

Please select your preferred seating option below:

Please nominate your 3 preferred blocks (e.g. 102, 103, 101) (See reverse for seating map)

1.	
2.	
3.	
I would like to sit with:	
Additional comments:	

PAYMENT DETAILS & OPTIONS

\square My Cheque/money order made payable to Perth Lynx is enclosed	Total An	ount	\$ Includes GST
Credit Card Full Payment Part Payment Plan (Mastercard and VISA only)		lound	
Card Type Mastercard / Visa / Amex Card Number	Expiry Date	/	CCV Number
Card Holder Name	Card Holder Signature		

By Mail Return this form to: Perth Lynx Membership, PO Box 455, Wembley WA 6913 (Please don't send cash)

Email Email a scanned copy of your application form to membership@perthlynx.com Fax Paying by credit card ONLY, please fax THIS side of the form to (08) 9287 2917 In Person Drop this form to Perth Lynx Bendat Basketball Centre, 201 Underwood Avenue, Floreat WA 6014

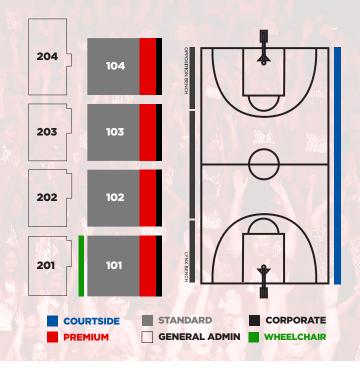




2018/19 NEW MEMBER PRICING

STANDARD			
CHILD	\$99	FAMILY (2A x 2C)	\$499
ADULT	\$199	FAMILY (2A x 3C)	\$599
PREMIUM		TORIST	
CHILD	\$99	FAMILY (2A x 2C)	\$879
ADULT	\$399	FAMILY (2A x 3C)	\$939
COURTSIDE			
ADULT	\$549		
WHEELCHAIR	137	ni li	XIL /
WHEELCHAIR	\$110	ATTENDANT	\$110
SUPPORTER			
NON-TICKETED	\$39	TICKETED	\$49





PALDING

(WIRL

2018/19 PART PAYMENT PLAN:

A part payment option is offered for all Mastercard or VISA payments. Two part payments are available.

Your individual part payment schedule will be confirmed in your email receipt which you will receive once your renewal form is processed.

THE PART PAYMENT SCHEDULE IS AS FOLLOWS:

1st Payment: Date form is processed

2nd Payment: 15 August 2018