



MEMBERSHIP NOMINATION 2024

MEMBERSHIP YEAR 01/11/2023 - 31/10/2024

Ski Club of Victoria
28 Summit Road / PO Box 62
Mt Buller VIC 3723

t: 03 5777 6024
e: reservations@skivictoria.com.au
w: www.skivictoria.com.au

FULL MEMBER PLUS INCLUDES 25% OFF ACCOMMODATION,
20% OFF FOOD & BEVERAGE PLUS 2 X 50% OFF 1 NIGHTS ACCOMMODATION*.
PARKING OPPORTUNITIES

TICK	Membership Category	Annual Subs	Joining Fee
	Family: up to 2 adults & 1 or more children (under 21)	\$790	\$400
	Couple: 2 members residing together	\$645	\$400
	Individual Member (21—70 years)	\$455	\$400
	Individual Member (18—21 years) - where no parent is a member	\$165	\$60
	Adult Family Member (individual 21-25 years) - where a parent is a member	\$80	NILL
	Senior: over 70 years (members who have been with club 35+ years)	FOC	NILL
	Absentee	\$160	NILL
*Conditions apply, please enquire for clarification. All rates are inclusive of GST			

FULL MEMBER INCLUDES 15% OFF ACCOMMODATION, 15% OFF FOOD & BEVERAGE

TICK	Membership Category	Annual Subs	Joining Fee
	Family: up to 2 adults & 1 or more children (under 21)	\$530	\$400
	Couple: 2 members residing together	\$405	\$400
	Individual Member (21—70 years)	\$275	\$400
	Individual Member (18—21 years) — where no parent is a member	\$110	\$60
	Adult Family Member (individual 21-25 years) - where a parent is a member	\$70	NILL
	Absentee	\$160	NILL
*Conditions apply, please enquire for clarification. All rates are inclusive of GST			



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Proposed Member Category	Interests (please tick)	Annual Subs	Joining Fee
	<input type="checkbox"/> Accommodation <input type="checkbox"/> Car Parking <input type="checkbox"/> Racing <input type="checkbox"/> Food & Bev	\$	\$

Contact Details			
Lead Member (full name):		Birth Date:	
Email:		Mobile:	
Home Address:			
Postal Address:			
Occupation:			
Signature:			

Proposed Members (full name):	Birth Date:	M / F	Email :	Mobile:

Secunder			
Full Name:			
Mobile:		Email:	
Signature:		Time known candidate:	

Proposer			
Full Name:			
Mobile:		Email:	
Signature		Time known candidate:	

CREDIT CARD PAYMENTS:
Card Type: MCARD VISA AMEX Total Amount: \$ _____
Card Name: _____
Card Number: _____ Card Expiry: ____/____
Card Holder Signature: _____ CCV: ____

DIRECT DEPOSIT PAYMENTS:
Account Name: Ski Club of Victoria BSB: 013 128 Account Number: 7321413
Reference: SURNAME