



# PINJARRA RACE CLUB INC

-Founded 1911-

ABN 62 311 640 718

Postal Address: PO Box 2, Pinjarra, Western Australia, 6208

Telephone: (08) 9531 1956, (08) 9531 1014

Facsimile: (08) 9531 1147

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## APPLICATION FOR MEMBERSHIP 2010/2011

To the Committee,

I desire to become a MEMBER FOR LIFE / NEW MEMBER of the Pinjarra Race Club Inc, and agree, in the event of my election, to be bound by the Rules and Regulations thereof, for the time being in force.

SURNAME: .....

CHRISTIAN NAMES: .....

ADDRESS: .....

..... P/CODE .....

EMAIL: .....

CONTACT NUMBER: Home: .....Work:.....

Mobile: .....

Signature: ..... Date of Birth: .....

**SUBSCRIPTION**       Member for Life      \$1,996.50

New Member      \$231.00

(Includes nomination fee of \$55 – All fees include GST)

(Your remittance MUST accompany this application)

We hereby nominate the abovenamed applicant as a Member of the Pinjarra Race Club Inc, believing the applicant to be eligible and fit for Membership in every respect.

..... Proposer (please print name)

..... Seconder (please print name)

Elected

Rejected      Date: ..... Chairman: .....

|                               |                      |                      |                      |                      |                      |                      |  |                      |                      |                      |                      |                      |                      |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>CREDIT CARD PAYMENT</b>    |                      |                      |                      |                      | Phone:               |                      | Work:  |                      |                      |                      |                      |                      |                      |
| Please complete the following |                      |                      |                      |                      |                      |                      | Home:  |                      |                      |                      |                      |                      |                      |
| Name of Cardholder: .....     |                      |                      |                      |                      |                      |                      |  |                      |                      |                      |                      |                      |                      |
| Signature: .....              |                      |                      |                      |                      |                      | Amount: .....        |  |                      |                      |                      |                      |                      |                      |
| BANKCARD / VISA / MASTERCARD  |                      |                      |                      |                      |                      |                      | EXPIRY DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |                      |                      |                      |                      |                      |                      |
| <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PLEASE NOTIFY ANY CHANGE OF ADDRESS

### OFFICE USE ONLY

Date Paid:..... Receipt No:..... M/Ship Badge No: .....

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