

Carnarvon Race Club Inc.
PO Box 399 CARNARVON WA 6701
ABN. 36968182727



APPLICATION FOR MEMBERSHIP

SECTION ONE: Applicant Details

	First Name(s)	Surname/Family Name(s)
Name(s)		
Residential Address		
Postal Address	PO Box	Town
Mobile Phone Number		
Email Address		
Please print clearly as the above information needs to be entered in the club register		

SECTION TWO: Membership Categories

Please circle relevant category

- | | | |
|---|---|----------|
| 1 | Premium Membership -
(2 badges, 2 guest passes Ladies Day and Cup Day) | \$300.00 |
| 2 | Full Membership – 2 badges | \$150.00 |
| 3 | Single Membership – 1 badge | \$ 80.00 |
| 4 | Pensioner Membership – 1 badge
(Pensioner card must be shown) | \$ 40.00 |

Enclosed please circle – CASH/CHEQUE

Pay on-line: BSB: 016-610 Acc Nbr: 433402726 Acct Name: Carnarvon Race Club Ref: Surname
When paying on-line please email receipt details to: treasurer@carnarvonraceclub.com.au

I/We wish to apply for Membership of the Carnarvon Race Club for the race season. I/We understand that the Carnarvon Race Club Committee must ratify the application for Membership.

Signature.....

Date.....

Badge Number(s) Issued

Receipt Number

	Date: