



WYONG RACE CLUB LIMITED
 A.B.N. 54 943 635 817
 Howarth Street, Wyong NSW 2259
 PO Box 28, Wyong NSW 2259
 Phone: 02 4352 1083
 Fax: 02 4351 2317
 Email: info@wyongraceclub.com.au

RACING MEMBER 2017/2018

ELIGIBILITY: Every applicant for RACING/COMPANY MEMBERSHIP shall be proposed by one and seconded by another member of the Company, to both of whom the applicant shall be personally known.

FEES: The annual membership fee shall be **\$55.00** per member incl GST, payable to the Secretary in advance of the first day of July each year.

ENTITLEMENTS: Each RACING MEMBER shall be entitled to free admission to the grounds and Members' Stand at all RACING events, and voting rights at all meetings the Company and such other benefits as provided by the Club.

I hereby apply for RACING MEMBERSHIP of WYONG RACE CLUB LIMITED. If approved, I agree to be bound by the rules and regulations in force from time to time and I authorise the Secretary to duly enter my name in the Register of Members.

Name of Applicant: Mr/Mrs/Miss/Ms _____
(Surname) (Given Name/s)

Home Address: _____
Post Code: _____

Postal Address: _____ Post Code: _____
(If same as residential, write 'as above')

Birth Date: _____ Email: _____

Phone: (Private): _____ (Business): _____ (Mobile): _____

Occupation/Profession/Rank: _____
(If retired, state previous occupation)

I am a financial member of the following Clubs: _____

Has your application for membership of any Club been rejected: No Yes

If "yes", state particulars: _____

DECLARATION

I declare that the information and answers given in this application are true and correct and I have not withheld any information likely to effect the decision of the Board of Directors of the Club as to my eligibility for membership.

Signature of Applicant: _____ Date: _____

Note

Proposer and Seconder MUST be Members of Wyong Race Club Limited
 # if required the Board can propose and second your nomination.

Name of Proposer: _____ Signature: _____

Address of Proposer: _____ Post Code: _____

Name of Seconder: _____ Signature: _____

Address of Seconder: _____ Post Code: _____

FOR OFFICE USE ONLY

Date Approved	Receipt No.	Receipt Date	Badge No.	Data Entry	Card Entry