

Ipswich Greyhound Racing Club
 81 Warwick Rd,
 Ipswich QLD 4305

ABN: 41 917 286 707



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 Email: info@ipswichgreyhounds.com
 www.ipswichgreyhounds.com

APPLICATION FOR MEMBERSHIP

I hereby make application for Membership, subject to the Constitution, Rules and decisions of your Club.

Surname: _____

Christian Names: _____

Address: _____

Suburb: _____ P/C _____

Telephone: _____ Mobile: _____

Email: _____

Occupation: _____ Previous Occupation _____

Have you ever been convicted of any offence punishable by fine or imprisonment? If so, give particulars _____

Have you ever been suspended, disqualified, warned off or fined for any corrupt or improper practices or other conduct in connection with Greyhound, Galloping or Trotting racing or any other sport? If so, give particulars _____

I agree to pay such joining and membership fees presently applying and as amended from time to time.

| | | | |
|------------|---------------------------|--------------------|----|
| Annual Fee | Membership + Trial Ticket | \$216.00 | \$ |
| | Membership | \$150.00 | \$ |
| | Pensioner + Trial Ticket | \$187.00 | \$ |
| | Pensioner | \$121.00 | \$ |
| | TOTAL | (G.S.T. inclusive) | \$ |

Payment Options: Cash Cheque Eftpos

MASTERCARD [] VISA []

CARD NUMBER ____ / ____ / ____ / ____ EXPIRY DATE __ / __ CVV ____ TOTAL _____

CARD HOLDER'S NAME _____

CARD HOLDER'S SIGNATURE _____ DATE _____

Signature of Applicant: _____

Signature of Proposer: _____

Proposer Please Print Name: _____

Office Use Only:
 Membership No:
 Amount Paid \$
 Date Paid:
 Receipt No:

**RACING EVERY TUESDAY, FRIDAY & SATURDAY'S
 GREYHOUND RACING, YOU BET!**