BRISBANE GREYHOUND RACING CLUB INC

MEMBERSHIP APPLICATION

Title:	Initials:	Name	Last Name
Private Address:			
Suburb:		State:	Post Code:
Business Address:			
Suburb:		State:	Post Code:
Address for Correspondence: (Please Circle)		Private / Business	
Home ph:	Mobile:		Fax:
Email Address			
Date of Birth:		Occupation:	

State the names of other clubs of which you are a member:
Are you connected with Racing? (Please Circle) YES / NO — Are you a Trainer / Owner (Please Circle)
If connected with racing, give general details:
Have you even pleaded guilty or been found guilty of a criminal offence? (Please Circle) YES / NO
If so, state particulars:
Have you even been adjudged guilty of malpractice in connection with any sport? (Please Circle) YES / NO
If so, state particulars:
Are you connected with Greyhound Racing? (Please Circle) YES / NO
If so, Give Details
DECLARATION: I hereby declare that the answers given by me to the forgoing questions are true and correct, and that I have not withheld information within my knowledge likely to effect the decision of the committee of the Brisbane Greyhound Racing Club Inc., as to my eligibility for Membership, and I agree to abide by the rules and regulations of the Brisbane Greyhound Racing Club Inc. For the time being in force; and I also agree to the Committee's absolute right to establish the order in which applications are to be considered, and I further to agree to appear, if required, before the Committee at a date initially to be agreed on. Signature of applicant: Date:

Name here two person (with addresses), to whom reference may be required,
(at least one of whom should be a current member of this club).

1.	Signature:	
Membership Number	Date:	
2.	Signature:	
Membership Number	Date:	

PAYMENT DETAILS			
Please find enclosed: Cheque / Cash / Credit Card (Please Circle)			
Credit Card Details			
Card Number: / / /		Expiry Date: /	
Name on Card:			
Signature:			
Amount:		CCV:	

MEMBERSHIP PRICES	
Membership Fee	$100.00
½ Price Trial Fee	$100.00

OFFICE USE ONLY			
Joining Fee $		**Receipt Number:**	
Trials $			
Total Amount $		**Date:**	
Membership Number			