

MEMBERSHIP APPLICATION

1 JUNE 2011 – 31 MAY 2012



DARWIN RACING

**Please remember to SIGN your form & have it proposed & signed by a current member
Forms without signatures are invalid and can not be processed*

Personal Details

TAX INVOICE ABN 21 373 066 193

First Name: _____ Surname: _____

Postal Address: _____ Suburb: _____ State: _____ P/Code: _____

Occupation: _____ Date of Birth: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Please specify other clubs you are a member of: _____

Have you ever owned/leased or bred thoroughbred racehorses: Yes No

Proposer Name: _____

Proposer Signature*: _____

Membership Requirements

Membership Type	Cost	QTY	Totals
Membership for Life <i>(a one-off fee for lifetime Full Membership)</i>	\$6300		
Full Membership <i>(inc Guest Pass)</i>	\$420		
Aged Pensioners & Seniors Card Holders Membership <i>(inc Guest Pass)</i>	\$220		
Corporate Membership <i>(1 x Social & 1 x Full Membership)</i>	\$545		
Single Membership	\$295		
Social Membership <i>(inc Guest Pass)</i>	\$140		
Colts & Fillies	\$85		

I would like to receive promotional material from the DTC & subsidiaries: NO

NOTE: If unchecked, you will automatically receive promotional material.

Your privacy will be protected, the Darwin Turf Club will not give your details out to third parties.

Subtotal

One-off nomination fee (required)

If paying by AMEX add 3.75% fee

\$50

Member Signature*: _____ Date: _____

TOTAL

Payment Details

All prices are in Australian dollars (AUD) and are inclusive of GST. Prices listed are per person, memberships are non-transferable and are subject to availability. Membership badges will NOT be issued prior to payment in full. Please make cheques payable to Darwin Turf Club. **REFUNDS:** All Membership Purchases are NON-REFUNDABLE.

Please tick payment method Credit Card Cheque Cash

Credit Card Visa M/Card AMEX

NOTE: Payment with AMEX will attract a 3.75% surcharge

Card Number: _____

Expiry Date: _____ / _____

Card Holder Name: _____ Signature*: _____

OFFICE USE ONLY

Date: _____

Amount: _____

Receipt No: _____

Staff Ref: _____

Handed Out: _____

Member No: _____