

Office Use

Member No.

Receipt No

Date processed

Title (Mr/Mrs/Ms/Miss/Dr)      Given Name      Surname

Postal Address

Suburb      State      Post Code

Home Phone      Mobile

Date of Birth

Email

Please tick membership applicable option:    New     Renew

Membership Category

<input type="checkbox"/>	Single Membership (Single Ticket)	\$ 80.00
<input type="checkbox"/>	Dual Membership (Member + 1 Guest Ticket)	\$ 125.00
<input type="checkbox"/>	Concession Membership (Member + 1 Guest Ticket)	\$ 80.00
<input type="checkbox"/>	Corporate Silver (Member + 3 Guests)	\$ 275.00
<input type="checkbox"/>	Premium Partner (Member + 3 Guests + 2 Race Names)	\$ 500.00

Method of Payment      Cash / Cheque / Credit Card / EFT

Mastercard:     Visa:     Bankcard:       CVV \_\_\_\_\_

Credit Card Number \_\_\_\_\_      Expiry Date \_\_\_\_/\_\_\_\_

I hereby undertake to comply with the Rules of the Strathalbyn Racing Club

Signed .....Date .....

EFT DETAILS: SRC  
BSB: 105-019  
ACCT: 040213040  
REF: #Surname