



MEMBERSHIP APPLICATION FORM

YOUR DETAILS (MR/MRS/MS/DR)

Surname: _____

Given Name: _____

Date of birth: _____

Address: _____

Phone: _____

Email: _____

I WOULD LIKE TO SIGN UP FOR

- Full Membership Double \$300
- Full Membership Single \$180
- Seniors (65+) Double \$180
- Seniors (65+) Single \$100
- Young (18-35) Single \$100
- Corporate Level 1 \$540
- Corporate Level 2 \$300

PAYMENT OPTIONS

- DIRECT DEBIT

BSB: 015-206 Account Number: 486207385

Account Name: Port Augusta Racing Club

Reference: Surname and Initial eg smithj

- CREDIT CARD

Please circle: Mastercard Visa

Card number: _____

Expiry Date: _____ / _____ CSV: _____

Amount: _____

Name on card: _____

Signature: _____

ADDITIONAL CARD DETAILS (MR/MRS/MS/DR)

Surname: _____

Address: _____

Given Name: _____

Phone: _____

Date of birth: _____

Email: _____