



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: 325-185 Account Number: 04214858

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: _____

Given Name: _____

Date of birth: _____

Address: _____

Phone: _____

Email: _____