



LOCKYER RACE CLUB INC.

Spencer Street, PO Box 63 Gatton QLD 4343

Phone: (07) 54 622850 Fax: (07) 54 621698

Email: lockyerraceclub@bigpond.com

Full Member - \$55 Inc GST

Bank Deposit Details: Lockyer Race Club - BSB: 084657 - Acct: 048052782

MEMBERSHIP APPLICATION 2017/2018 FINANCIAL YEAR

APPLICANT INFORMATION

Name: (Mr/Mrs/Miss)

Address:

City:

State:

Postcode:

Email:

Date of birth:

Phone:

Mobile:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

City:

State:

Post Code:

FURTHER INFORMATION

Address for correspondence:

Have you been a member of this Club or any other Race Club? Yes No Name of Club:

Are you currently licensed in connection with galloping, harness or dog racing? Yes No If yes, Details:

Have you ever had your membership of any Club cancelled or suspended? Yes No If yes, Details:

Have you defaulted on any liability in respect of horse racing or betting, or in connection with ownership of a racehorse? Yes No Details:

SIGNATURES

I hereby declare that the answers provided above are true and correct and that I have not withheld any information within my knowledge likely to affect the decision of the Lockyer Race Club Committee as to the eligibility of my membership application. If my application is successful I agree to abide by the Rules and Regulations of the Lockyer Race Club and I am over 18 years of age.

Signature of applicant:

Date:

PROPOSER / SECONDER NOMINATION DECLARATION

PROPOSER

.....
Full Name

.....
Signature

.....
Date

SECONDER

.....
Full Name

.....
Signature

.....
Date

Application forms must be completed IN FULL; any incomplete application forms will not be processed. Please return this form to the Secretary to be considered at the next available Committee Meeting. Once considered at a Committee level you will be notified by mail of the outcome. Thank you very much for your application.