



WYONG RACE CLUB LIMITED  
A.B.N. 54 943 635 817  
Howarth Street, Wyong NSW 2259  
PO Box 28, Wyong NSW 2259  
Phone: 02 4352 1083  
Fax: 02 4351 2317  
Email: info@wyongraceclub.com.au

## NEW RACING MEMBER 2019/2020 \$55.00

**ELIGIBILITY:** Every applicant for MEMBERSHIP shall be proposed by one other member of the Company, whom the applicant shall be personally known. A WRC director can propose any new member if requested.

**FEES:** The annual membership fee shall be **\$55.00** per member incl GST, payable to the Secretary in advance of the first day of July each year.

**ENTITLEMENTS:** Each RACING MEMBER shall be entitled to free admission to the grounds and Members' Stand at all RACING and voting rights at all meetings the Company and such other benefits as provided by the Club.

I hereby apply for RACING MEMBERSHIP of WYONG RACE CLUB LIMITED. If approved, I agree to be bound by the rules and regulations in force from time to time and I authorise the Secretary to duly enter my name in the Register of Members.

Name of Applicant: Mr/Mrs/Miss/Ms \_\_\_\_\_  
(Surname) (Given Name/s)

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
(If same as residential, write 'as above')

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (Private): \_\_\_\_\_ (Business): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Occupation/Profession/Rank: \_\_\_\_\_  
(If retired, state previous occupation)

I am a financial member of the following Clubs: \_\_\_\_\_

Has your application for membership of any Club been rejected:  No  Yes

If "yes", state particulars: \_\_\_\_\_

### DECLARATION

I declare that the information and answers given in this application are true and correct and I have not withheld any information likely to effect the decision of the Board of Directors of the Club as to my eligibility for membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Note

Proposer **MUST** be Member of Wyong Race Club Limited  
# PLEASE tick box if you require a Board members to propose your nomination

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of Proposer: \_\_\_\_\_ Post Code: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Approved	Receipt No.	Receipt Date	Badge No.	Data Entry	Card Entry