



MEMBERSHIP APPLICATION

AT THE EMERALD JOCKEY CLUB

[Redacted Name Field] (Applicant's Full Name)

[Redacted Name Field] (Spouse/Partner Full Name if joint application)

I/We hereby apply for Membership of the Emerald Jockey Club Inc.

Date of Birth

[Redacted Date of Birth Field]

Occupation

[Redacted Occupation Field]

Postal Address

[Redacted Postal Address Field]

Phone No.

[Redacted Phone Number Field]

Mobile

[Redacted Mobile Number Field]

Email

[Redacted Email Field]

Please provide your email address so we can keep you informed of upcoming events

Names of other clubs of which you are a Member

[Redacted Names of Other Clubs Field]

Are you currently licensed in connection with Horse Racing? If yes, please provide details.

[Redacted License Details Field]

Have you defaulted on any liability in respect of horse racing or betting, on in conjunction with ownership of a racehorse? If yes, please provide details.

[Redacted Liability Details Field]

Continued over



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How did you find out about EJC Membership?

- | | | | |
|--------------------------|--------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Family / Friends | <input type="checkbox"/> | Horse Owner / Industry |
| <input type="checkbox"/> | Facebook / Website | <input type="checkbox"/> | Member's Guest |
| <input type="checkbox"/> | Work Colleague | <input type="checkbox"/> | Connection to Sponsor |

DECLARATION: 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 Emerald Jockey 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 Emerald Jockey Club Inc. and I am over 18 years of age.

Signature: _____

MEMBERSHIP FEES

- \$40 (18 - 30 YEARS OLD)
 \$60 SINGLE
 \$100 COUPLE

Payment Options

Payments can be made

1. In person at the EJC Office

During race days and EJC events

2. By post - cheque made payable to Emerald Jockey Club Inc.

PO BOX 157, EMERALD QLD 4720

3. Direct Credit - BSB 064-704 Account 1004 0693 (Ref: Surname and initial)

4. Credit Card

Card Number _____

Expiry ____ / ____ CVV _____

OFFICE USE ONLY

Paid _____

Card No. _____

Card Sent _____

Reckon

Spreadsheet