

MEMBERSHIP RENEWAL FORM



Mr, Mrs, Ms or Miss _____

SURNAME _____

GIVEN NAME _____

POSTAL ADDRESS _____ POST CODE _____

OCCUPATION _____

COMPANY _____

MONTH OF BIRTH _____

PHONE (Home): _____ (Work): _____
(Mobile): _____ (Fax): _____

E-MAIL ADDRESS _____

DO YOU WISH TO RECEIVE CLUB UPDATES/INFORMATION VIA SMS and/or E-MAIL Yes No

SIGNATURE _____

- 1. **Ordinary Membership Annual Subscription** \$125.00 []
- 2. **Single Country Membership Annual Subscription** \$75.00 []
Must permanently reside outside a 150km radius of Alice Springs

You may pay by **Cash, Cheque, Bankcard, Visa or MasterCard**. If paying by Cheque, please make payable to Alice Springs Turf Club. If you prefer to make your payment by Credit Card, please complete the authorisation below.

PLEASE DEBIT MY: Visa MasterCard

CARD HOLDER NO:

EXPIRY DATE: / CCV _____ AMOUNT: \$ _____ DATE: ____ / ____ / ____

CARD HOLDERS NAME: _____ CARD HOLDERS SIGNATURE: _____

OFFICE USE ONLY	MEMBERSHIP YEAR 1 APRIL 2018 - 31 MARCH 2019
DATE RECEIVED AND PLACED ON NOTICE: _____	RESULT OF APPLICATION: _____
PAYMENT RECEIVED: Y E S / N O - RECEIPT NO: _____	MEMBERSHIP NO: _____
BADGE: Collected / Posted - Date: _____ ENTERED: Membership list <input type="checkbox"/> SMS list <input type="checkbox"/> E-mail list <input type="checkbox"/> BD <input type="checkbox"/>	