

NOMINATION for MEMBERSHIP



Mr Mrs Ms Miss Other _____

SURNAME _____

GIVEN NAME/S _____

POSTAL ADDRESS _____

POST CODE _____

DATE OF BIRTH _____ / _____ / _____

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

E-MAIL ADDRESS _____ @ _____

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

SIGNATURE _____ Date: _____ / _____ / _____

PROPOSER: _____ SIGNATURE: _____ M'ship # _____ Date: _____ / _____ / _____

PROPOSER: _____ SIGNATURE: _____ M'ship # _____ Date: _____ / _____ / _____

We the above, being Financial members of the ALICE SPRINGS TURF CLUB INC. HEREBY NOMINATE to membership the person named above, and in accordance with rule 6(1) of the Club's Constitution, WE CERTIFY that such candidate for membership is well known to us and is a fit and qualified person to become a Member.

- 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, 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 Direct Deposit BSB: 035-303 Acc: 459-716

CARD HOLDER NO:

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

CARD HOLDERS NAME: _____ CARD HOLDERS SIGNATURE: _____

OFFICE USE ONLY

MEMBERSHIP YEAR to 31 MARCH

PAYMENT RECEIVED: YES/NO- RECEIPT NO: _____ MEMBERSHIP NO: _____

CARD: Collected / Posted - Date: _____ ENTERED: Membership list E-mail list