

2024/25 NEW MEMBERSHIP APPLICATION



TITLE	FIRST NAME *	SURNAME *
RESIDENTIAL ADDRESS*		
	City/Town	Postcode
DATE OF BIRTH *	MOBILE*	
/ /		
EMAIL *	SIGNATURE *	

I NOMINATE THE ABOVE NAMED TO BE A MEMBER OF THE ALBANY RACING CLUB INC		
Member Name	Member No.	Signature & Date
Member Name	Member No.	Signature & Date
NEW MEMBER: You will be notified in writing whether your application has been endorsed by the committee. If unable to obtain nominees, please write a cover letter to the board with your application.		

MEMBERSHIP	Tick	Price (inc GST)
Full Membership	<input type="checkbox"/>	\$170
Concession (65 years+)	<input type="checkbox"/>	\$150
Concession (18-25 years)	<input type="checkbox"/>	\$150
Annual Guest card	<input checked="" type="checkbox"/>	

PAYMENT OPTIONS	Tick	
Direct Deposit	<input type="checkbox"/>	BSB 066500 Acc. 10474183 Reference; Surname & Initials
Cheque	<input type="checkbox"/>	Enclosed
CR/DR Card Square	<input type="checkbox"/>	Phone office to make payment 9841 4000

I agree to be bound by and comply with the ARC Membership terms and conditions Club Rules & By-laws and conditions of entry (available at albanyracingclub.com.au). Privacy Statement; Personal information provided on this form is collected by ARC for the purpose of considering your membership application. If your membership application is accepted your personal information may be used and disclosed to our staff and third parties including service providers, to facilitate your membership and its benefits. Please contact the contact the ARC if you would like to change your privacy preferences.

RETURN THIS FORM by email admin@albanyracingclub.com.au or
POST to The General Manager, Albany Racing Club, PO Box 34, Albany WA 6331