2009/10 MEMBERSHIP RENEWAL FORM

PORT MACQUARIE RACE CLUB

HOW TO RENEW YOUR MEMBERSHIP

- Ensure you complete all relevant sections

MEMBER DETAILS PLEASE PRINT CLEARLY AND IN BLOCK LETTERS

Title (Mr/Mrs/Ms/Miss/Dr/Sir) Name_____

Address _____

Suburb _____ State _____ Postcode _____

Occupation _____ Age_____ Date of Birth _____

Phone (AH) _____ Ph (BH) _____ Fax _____ Mobile _____

Email _____

MEMBERSHIP

Adult Member $60 ☐

OPTIONAL EXTRAS

Member's Guest Pass $40 ☐

TOTAL MEMBERSHIP AND OPTIONAL EXTRAS FEE $

DECLARATION

I declare that the above particulars are true and correct.

Applicant's signature_____ Date _____

HOW TO PAY

Fax Fax your completed application to 02 6581 0255.
Post Post your completed application to The Secretary, PO Box 194, Port Macquarie NSW 2444
In Person Visit our office at Port Macquarie Race Club with your completed application and payment.

METHOD OF PAYMENT

☐ **Cheque/Money Order payable to Port Macquarie Race Club Limited** ☐ **Cash** ☐ **Credit Card**

Please ensure that the credit card details supplied are complete and correct.

☐ **Visa** ☐ **Mastercard**

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry Date** ____/____

Cardholder Name_____ **Cardholder Signature** _____

TOTAL AMOUNT PAYABLE $_____

Office Use Only
Date Received: _____ Date Approved: _____

Member No.: _____ Guest Badge No.: _____

PH: 02 6581 1964 Fax: 02 6581 0255 Email: info@portmacquarieraceclub.com.au
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