

# 2018/19 Full Membership

Expires 30<sup>th</sup> June 2019

## RESIDENTIAL ADDRESS

Please fill out all sections with \*

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Street: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Post Code: \_\_\_\_\_

## POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL)

\*Tick here if as above Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

## CONTACT DETAILS (EITHER PHONE OR MOBILE IS REQUIRED)

Home Phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_ \*Date of Birth: / /

\*Occupation: \_\_\_\_\_ \*Employer: \_\_\_\_\_

How did you hear about us? (Please Tick)

Website  Radio  Billboard  News Article  Social Media  TV  Other \_\_\_\_\_

Would you like to receive Official Club Correspondence such as the annual report via email? (Please Tick)  YES  NO

would you like to receive Club news, events and special promotions via email? (Please Tick)  YES  NO

Which best describes the reason why you attend a race meeting? (Please Tick)

Corporate Business  Owner  Social  Industry Participant

Have you ever been convicted in any court of any offence? (other than a minor traffic offence). (Please Tick)  YES  NO

Have you incurred liabilities in connection with horse racing and not discharged same in full or been declared a 'defaulter in debts'. (Please Tick)  YES  NO

DECLARATION: I hereby declare that the answers by me to the foregoing questions are true and correct and that I have not withheld information within my knowledge likely to affect the decision of the Board of the Gold Coast Turf Club Ltd, as to the eligibility of my Membership and I agree to abide by the Rules and Regulations of the Gold Coast Turf Club Ltd for the time being in force. I further agree to appear before the Board together with my Proposer and Seconder at a date to be mutually agreed upon if the Board so desire.

Signature of applicant: \_\_\_\_\_

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Expires 30<sup>th</sup> June 2019



## APPLICATION FULL MEMBERSHIP (TO BE COMPLETED BY PROPOSER AND SECONDER)

We hereby nominate  Mr  Mrs  Miss  Ms \_\_\_\_\_

as a member of the Gold Coast Turf Club and are satisfied that he/she is a fit and proper person to belong to this Club. We have read the Applicant's answers on the front of this form and we believe their responses to be true and correct.

Proposer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

Seconder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY CLAUSE:** Gold Coast Turf Club Ltd acknowledges and respects the privacy of individuals. We advise that the information that you provide on this form is "Personal Information" as defined by the Privacy Act 1998 (the "Act"). This information is being collected for the purposes of processing your membership application, keeping you informed of upcoming events and assisting us in improving our service to you. The intended recipients of the information are Gold Coast Turf Club Ltd and service providers engaged by Gold Coast Turf Club Ltd. The provision of information is voluntary, but if this information is not provided, the Gold Coast Turf Club Ltd may be unable to process your registration or enquiry. You have a right of access to, and alteration of, personal information concerning yourself in accordance with the Act. The information is being collected by Gold Coast Turf Club Ltd and will be held by Gold Coast Turf Club Ltd. Please direct any enquiries you may have in relation to this matter to our Financial Controller.

## FEBRUARY MEMBERSHIP PACK

Please tick the Membership Pack you would like:

**BASIC PACK \$240.00**  
(including the \$150 joining fee)

- 1 x Members Card
- 1 X Guest Primary Card
- 1 X Guest Secondary Card

**SLIVER PACK \$340.00**  
(including the \$150 joining fee)

- 1 X Members Card
- 2 X Guest Primary Card
- 1 X Guest Secondary Card

**GOLD PACK \$440.00**  
(including the \$150 joining fee)

- 1 X Members Card
- 3 X Guest Primary Card
- 1 X Guest Secondary Card

## PAYMENT DETAILS

To complete your application, please fill out the form and return by;

- EMAIL Scan & email to [membership@gctc.com.au](mailto:membership@gctc.com.au)
- POST PO Box 5070 GCMC QLD 9726
- IN PERSON Visit the GCTC Administration Office at Racecourse Dr, Bundall QLD 4217

Please find enclosed cheque / cash / credit card details being payment of Membership Fees:

Credit Card Details  Amex (3.0% Surcharge)  Mastercard  VISA

Card Number

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Amount: \_\_\_\_\_

Would you like to collect your pack or have it posted to you?  Collected  Posted

### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_ Total: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Cards Collected / Posted: \_\_\_\_\_ Date Entered into MP: / /