

Full Membership

AQUIS PARK

HOME OF THE  GOLD COAST
TURF CLUB & EVENT CENTRE

Expires 30th June 2020

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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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: _____

Secunder'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.

MEMBERSHIP PACK

Please tick the Membership Pack you would like:

BASIC PACK \$370.00
(including the \$50 joining fee)

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

SLIVER PACK \$470.00
(including the \$50 joining fee)

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

GOLD PACK \$570.00
(including the \$50 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
- 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: _____ / _____ / _____