



ROCKHAMPTON JOCKEY CLUB INC.

Application for Membership

Surname: Mr/Mrs/Ms/Miss..... Given Names:.....

Address:

Postal Address: (if different to above).....

Phone No:..... Mobile No:.....

Email Address:..... Date of Birth:.....

Business or Profession: (Give particulars)

Have you been previously proposed for membership of this Club?

Are you connected with Racing? (Yes or No)

If connected with Racing give general details:

Have you ever been adjudged guilty of malpractice in connection with sport?

If so state particulars:

Have you ever been expelled from membership of any Club or had your membership cancelled or suspended?

If so give details:.....

Have you incurred liabilities in connection with horse racing and not discharged same in full?.....

Have you ever been bankrupt?.....Are you over 18 years of age?

Current Membership Fee:.....

DECLARATION: I hereby declare that the answers given 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 Committee of the Rockhampton Jockey Club Inc., as to my eligibility for Membership, and I agree to abide by the Rules and Regulations of the Rockhampton Jockey Club Inc. for the time being in force; and I also agree that my name may be included in a Ballot from time to time to establish the order in which applications are to be considered by the Committee.

Signature of Candidate.....

Date:.....

Proposer/Secunder:

We hereby propose.....as a member of the Rockhampton Jockey Club Inc. and are satisfied that he/she is a fit and proper person to belong to this Club.

Proposer: Name

Signature.....

Secunder: Name.....

Signature.....

Note both the Proposer and Secunder must be financial members of the Rockhampton Jockey Club Inc.

Payment Options

Payment can be made:

- 1) In person at the RJC Office 9.00am to 5.00pm – Monday to Friday – Callaghan Park Racecourse, Reaney Street, North Rockhampton 4701
- 2) By post - either by cheque made payable to the Rockhampton Jockey Club or credit card (see below) and send to – PO Box 5700, CQ Mail Centre QLD 4702

Mastercard Visa

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry: _ _ / _ _

Cardholder's Name:

Cardholder's Signature:

The Membership Fee will be refunded should I decide not to proceed with the application, or if this application is not successful.