



RJC MEMBERSHIP RENEWAL 2019/20 RACING SEASON

NAME: _____

ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

Do you wish to receive information via RJC Members Newsletter?

YES/NO _____

NEW MEMBERSHIP CARD NUMBER:(RJC USE ONLY) _____

Signature of candidate _____

Payment options

Payment can be made

1 In person at the RJC Office 9am-5pm Monday—Friday

2 By post—either by cheque made payable to the RJC—PO BOX 1303 ROCKHAMPTON QLD 4700

3 Credit Card

Card Number _____

Expiry _____

CVV _____ Card Holders Name _____

Signature _____