



# MEMBERSHIP APPLICATION

(PLEASE PRINT – ALL DETAILS MUST BE COMPLETE. INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED)

GIVEN NAMES:	<input type="text"/>	SURNAME:	<input type="text"/>
TITLE:	<input type="text"/>	DATE OF BIRTH:	<input type="text"/>
ADDRESS:	<input type="text"/>		
	<input type="text"/>	POSTCODE:	<input type="text"/>
POSTAL ADDRESS:	<input type="text"/>		
	<input type="text"/>	POSTCODE:	<input type="text"/>
CONTACT NO: (AH)	<input type="text"/>	CONTACT NO: (M)	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>		
	Do you wish to receive raceday and promotional information via email from Albion Park HRC? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)		
OCCUPATION:	<input type="text"/>	PLACE OF EMPLOYMENT:	<input type="text"/>

Are you a member of any other harness racing or racing club? (If Yes, please provide details)

Have you ever been disqualified or expelled from any harness racing, racing or coursing club? (If YES, please provide details)

Have you ever been convicted of a criminal offence? (If YES, please provide details)

DECLARATION: I hereby declare that the answers given by me to the foregoing questions are correct and that I have not withheld any information within my knowledge which would be likely to affect the decision of the Club as to the eligibility of my membership. If my application for membership of the Albion Park Harness Racing Club is accepted I agree to abide by the rules and regulations of the Club as in force or amended from time to time.

APPLICANT'S SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>
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**THE PROPOSER AND SECONDER MUST BE FINANCIAL MEMBERS OF THE ALBION PARK HARNESS RACING CLUB**

PROPOSER:  MEMBERSHIP NO:

I hereby certify that the applicant has been known to me for \_\_\_\_\_ years and I believe that he/she is a fit and proper person to be a member of the Albion Park Harness Racing Club.

PROPOSER'S SIGNATURE:  DATE:

SECONDER:  MEMBERSHIP NO:

I hereby certify that the applicant is known to me and I second this application.

SECONDER'S SIGNATURE:  DATE:

**OFFICE USE ONLY**

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Application requested by:  Date:

Date completed application received by:  Received by:

Proposer verified by  Date:

Seconder verified by  Date:

Acceptance by Committee Member 1:  Date:

Acceptance by Committee Member 2:  Date:

Acceptance by Committee Member 3:  Date:

Acceptance by Committee Member 4:  Date:

Date of Membership Acceptance:  Proposed by:

Joining Fee Paid: Yes No Date

Processed by: