

New Membership # Allocated	
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APPLICATION FOR MEMBERSHIP

MEMBERSHIP PRICING

Application Fee **\$50**

Ordinary **\$175**

Concession **\$125**

Membership/Guest Tag Replacement - \$50 per replacement

Name: _____ **Date of Birth:** _____

Postal Address: _____

Suburb: _____ **State:** _____ **Post Code:** _____

Email Address: _____

Contact Number: _____ **Mobile Number:** _____

Occupation: _____ **Business Name:** _____

Proposer / Club Secretary	Secondar (if required)
Name	Name
How long have you known the candidate?	How long have you known the candidate?
Address	Address
Signature	Signature

Other members of the Club to whom you could refer if required are named hereunder.

1. _____

2. _____

Racing club/s of which the candidate is a member: _____

Other club/s to which the candidate is a member: _____

Have you ever been convicted of any criminal offence? **YES / NO** (please circle)

If **YES** please explain: _____

TO BE COMPLETED BY CANDIDATE FOR MEMBERSHIP

I, _____ agree to my nomination and hereby apply for membership to the Ipswich Turf Club. If elected, I agree to abide by the Rules of the Club for the time being in my force. I declare that the answers by me to the foregoing questions are true and correct and that I have not withheld information within my knowledge. I hereby agree that I am not aware of any situation or reason that would prohibit me from becoming a member of the Club.

I agree that my personal information may be used by the Club for business and marketing purposes. I hereby agree to the ITC Privacy Policy available online at <https://ipswichturfclub.com.au/privacy-policy-ipswich-events-and-entertainment-centre>

I hereby declare that I have read and agree to the ITC conditions of entry available online at <https://ipswichturfclub.com.au/terms-conditions-of-entry-ipswich-events-and-entertainment-centre>

I agree I am 18 years and over.

SIGNATURE OF CANDIDATE: _____ **Date:** _____

Please return the completed form to admin@ipswichturfclub.com.au with the subject line: **Membership Application.**

Office Use Only

Date of Application: ____/____/____ Application Received by: _____

Invoice Number: _____

Checklist	ITC Representative Name	Date
Identification Verified		
Payment Received		
Receipt Number		
Membership Tag (Picked Up / Posted)		
IEEC Rewards Card (Picked Up / Posted)		
Members Master List Updated		