

2024 MEMBERSHIP

REGISTRATION FORM

I, (name) :

Address :

Phone/Mobile : Occupation :

Email : Month of Birth:

Wish to apply for Membership of the Geelong Greyhound Racing Club for the period January 2024 to December 2024 and will abide by all rules and regulations of the Club, along with the *Members Code of Contact*.

I make this application and payment of \$30.00 in the knowledge that all new memberships must be approved by the current Board.

Signature Of Applicant

Date : / /
D D M M Y Y

To be completed only if applying for a NEW membership

(Name of Nominator)

(Signature of Nominator)

Date : / /
D D M M Y Y

(Name of Secunder)

(Signature of Signiture)

Date : / /
D D M M Y Y

*Nominator and Secunder must be financial members of the Geelong Greyhound Racing Club and personally know the proposed member

PAYMENT - \$30.00

Select Payment Method: CASH CHEQUE CREDIT CARD (TYPE) : VISA / Master Card

Card Number : Exp. Date : / /
D D M M Y Y

Name on Card :

Card Holder's Signature : _____ Date : / /
D D M M Y Y

