



IPSWICH GREYHOUND RACING CLUB INC



POSTAL: 81 WARWICK RD
IPSWICH QLD 4305

IPSWICH SHOWGROUNDS
WARWICK ROAD
IPSWICH QLD 4305

Phone: (07) 3202 2977

Fax: (07) 3202 2510

Email: admin@ipswichgreyhounds.com
www.ipswichgreyhounds.com

NEW APPLICATION FOR MEMBERSHIP

I hereby make application for Membership, subject to the Constitution, Rules and decisions of your Club.

(1) Surname: (Block Letters)

Christian Names: (Block Letters)

Address: (Block Letters)

.....P/C.....

Telephone: Mobile:

Email:

Occupation:

(2) Are you a member of any other Greyhound, Galloping or Trotting Racing Club? If so, give particulars.....

(3) Are you a Licensee of the Greyhound Racing Control Board of Qld? If so, in what capacity?
.....

(4) Are you a Licensee of any other Galloping or Trotting Registration Authority? If so, give particulars
.....

(5) Have you ever been convicted of any offence punishable by fine or imprisonment? If so, give particulars.....

(6) Have you ever been suspended, disqualified, warned off or fined for any corrupt or improper practices or other conduct in connection with Greyhound, Galloping or Trotting racing or any other sport? If so, give particulars.....
.....

I agree to pay such joining and membership fees presently applying and as amended from time to time.

Annual Fee	Ordinary	\$150.00	\$
	Pension	\$121.00	\$
	Trial Ticket	\$ 66.00	\$
	TOTAL	(G.S.T. inclusive)	\$

Payment Options: Cash

Cheque

Credit Card

Signature of Applicant

Signature of Proposer

Proposer Please Print Name

Date.....

Office Use Only:
Membership No.
Amount Paid \$
Date Paid
Receipt No.