			_	ee Turf Clu		
	Membe	ership N	lomina	tion Form 2024/25	•	
	<b>ne: Membership Ty</b> mbership (Membersh		March 20	024 to 28 February 2025)	)	
	Full Membership (Member & Guest Badge)	\$165		Single Membership	\$125	
	Colts & Fillies (18 – 29 year olds)	\$77		Travelling Membership (Reside 245km or further from	\$105 Wagga)	
	ote: Memberships w			etween 26 <sup>th</sup> April 2024 a	and 4 <sup>th</sup> May 2025	
	Dr / Sir / Mrs / Miss /					
First Nan	ne:			Surname:		
Address:				Postcode:		
		Date of Birth:			Occupation:	
Address: Suburb:	irth:			Occupation:		
Address: Suburb: Date of B	irth: Employment:			Occupation: Work Number:		
Address: Suburb: Date of B	Employment:			-		
Address: Suburb: Date of B Place of F	Employment:			Work Number:		
Address: Suburb: Date of B Place of F Telephon Email:	Employment:	er race clu	ıb?	Work Number: Mobile:	f yes please list:	

	ey Order payable to the Murr	
Section Three: Payment Details Method of Payment: Cheque / Mon VISA MASTERCARD BANKCA	ey Order payable to the Murr	
Method of Payment: Cheque / Mon		
Method of Payment: Cheque / Mon		
VISA MASTERCARD BANKCA		
	ARD Amount Payable: \$	
<sup>v</sup> ard Number:		
Pard Number		
	Expiry Date:	/
Cardholder Name:	Cardholder Signature:	
Cardholder Name:(Please print)	0	
Section Four: Proposer/Seconder or Ref	eree Details	
letails of two professional referees (do not have to be men Full Name of Proposer:		M/Ship No:
Signature:		Date:
Seconded By:		M/Ship No:
Seconded By: Signature:		M/Ship No: Date:
-	OR	· -
Signature: Full Name of Referee One:	OR	· -
Signature: Full Name of Referee One: Address:		Date:
Signature: Full Name of Referee One: Address: Suburb:	State:	· -
Signature: Full Name of Referee One: Address: Suburb:		Date:
Signature: Full Name of Referee One: Address: Suburb: Contact Telephone:	State:	Date:
Signature: Full Name of Referee One: Address: Suburb: Contact Telephone: Relationship to Applicant:	State:	Date:
Signature: Full Name of Referee One: Address: Suburb: Contact Telephone: Relationship to Applicant: Full Name of Referee Two:	State:	Date:
Signature: Full Name of Referee One: Address: Suburb: Contact Telephone: Relationship to Applicant: Full Name of Referee Two: Address:	State:	Date:
Signature: Full Name of Referee One: Address:	State: Occupation:	Date: Postcode:



**Section Four: Declaration** – Note if answer "YES" to any of these questions please supply full details on a separate sheet.

1. Have you ever had	l an application for Membership of any Club rejected or deferred?	□ Yes □ No					
2. Have you ever had than resignation or f	d your membership of any Club terminated for any reason other failure to renew	🗆 Yes 🔲 No					
	en bankrupt or insolvent or assigned your estate for benefit of or nposition with your creditors	🗌 Yes 🗌 No					
4. Has any judgment Wales or elsewhere?	t or order been entered against you in any court in New South	□ Yes □ No					
5. Have you been co	nvicted of any offence (other than a minor traffic offence?)	□ Yes □ No					
	curred liability in connection with horse racing and not discharged declared a "Defaulter in Bet?"	□ Yes □ No					
I wish to become a member of the Murrumbidgee Turf Club Ltd and I herby agree, if accepted, to be bound by the MTC rules and conditions including those outlined in the Memorandum and Articles of Association (1994). I declare the above details are correct.							
Signature:	Date:						
	OFFICE USE ONLY						
Date Received:	OFFICE USE ONLY ID Sighted: M/Ship No	):					
Date Received: Amount Paid:		);					
Amount Paid:	ID Sighted: M/Ship No	):					
Amount Paid:	ID Sighted:     M/Ship No       Receipt No:     Approve / Rejected	):					
Amount Paid:	ID Sighted: M/Ship No Receipt No: Approve / Rejected Date: <u>Murrumbidgee Turf Club</u>	): 					
Amount Paid:	ID Sighted: M/Ship Not Receipt No: Approve / Rejected Date: Murrumbidgee Turf Club PO Box 34, (Travers Street) Wagga Wagga NSW 2650	):					
Amount Paid:	ID Sighted: M/Ship Not Receipt No: Approve / Rejected Date: Approve / Rejected Date: Murrumbidgee Turf Club PO Box 34, (Travers Street) Wagga Wagga NSW 2650 Ph: 02 6921 2151 Fax: 02 6921 7455	): 					
Amount Paid:	ID Sighted: M/Ship Not Receipt No: Approve / Rejected Date: Murrumbidgee Turf Club PO Box 34, (Travers Street) Wagga Wagga NSW 2650 Ph: 02 6921 2151 Fax: 02 6921 7455 Email: admin@mtcwagga.com.au	):					
Amount Paid:	ID Sighted: M/Ship Not Receipt No: Approve / Rejected Date: Approve / Rejected Date: Murrumbidgee Turf Club PO Box 34, (Travers Street) Wagga Wagga NSW 2650 Ph: 02 6921 2151 Fax: 02 6921 7455	): 					