



Strathalbyn Racing Club

MEMBERSHIP 24/25

PO Box 204, STRATHALBYN SA 5255 | PH: (08) 8536 2248

Title : Given Name : Surname :

Postal Address :

Suburb : State : Postcode :

Phone : Email :

Date Of Birth : Application type : New Renewal

Membership Category :

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Single Membership (Single Ticket) | \$85.00 |
| <input type="checkbox"/> | Concession Membership (Member + 1 Guest Ticket) | \$85.00 |
| <input type="checkbox"/> | Dual Membership (Member + 1 Guest Ticket) | \$140.00 |
| <input type="checkbox"/> | Corporate Silver (Member + 3 Guests) | \$275.00 |

Payment Method : Cash Cheque Credit Card EFT

Credit Card Number : Expiry Date : CVV :

I hereby undertake to comply with the rules of the Strathalbyn Racing Club Yes No

Signature

Date

EFT Details :

Account Name : SRC
BSB : 105-019
ACCT : 040213040
REF : #Surname

THANK YOU

Office Use Member No. Receipt No. Date Processed