

APPLICATION FOR NEW or RENEWAL of MEMBERSHIP 2024-2025

The Secretary
Balnarring Picnic Racing Club Inc
P O Box 331
Balnarring 3926
or scan and e-mail to secretary@balnarringraces.com
Given Name:

Surname: (Family Name)

Delivery Address: Suburb:	
Post Code:	
Mobile#: Phone:	
Email Address:	
	turning this application you agree to be bound by the Club Rules & Policies which may ://balnarringraces.com/racing-events/club-policies and to support the purposes of
Membership includes	s: 1 full member pass, 1 guest pass and 1 car park pass
	nfirm my payment of \$75 is for new membership for the 2024-25 season. Infirm my payment of \$75 is for membership renewal for the 2024-25 season.
One additional memb	ber's guest ticket can be purchased at the time of purchasing a full membership.
□ І сог	nfirm my payment of \$40 for 1 extra guest pass
Total Payment:	\$
Payment Options:	☐ Direct deposit to BSB 633-000, A/C 128725207. You must complete and return this form noting the appropriate transaction number and date of payment: Transaction number: Transaction Date:
	☐ Cheque. You must complete and return this form along with your cheque.
	SECTION BELOW FOR OFFICE USE ONLY
Ticket Number:	Date tickets posted: