



Promoted by Premier Speedway Club
 Located at 10275 Princes Highway, Allansford VIC 3277
 ACN 005 038 246 ABN 71 005 038 246
 PO Box 335, Warrnambool VIC 3280 AUSTRALIA
Ph: (03) 5565 1789
Fax: (03) 5565 1313 **Mob:** 0408 529 625
 Email: manager@premierspeedway.com.au
www.premierspeedway.com.au

2018-19 OFFICIALS MEMBERSHIP

All Details on this form MUST BE PRINTED, FULLY COMPLETED & SIGNED.

SURNAME:

GIVEN NAMES:

ADDRESS:

CITY: **STATE:** **POST CODE:**

OCCUPATION:

DATE OF BIRTH:/...../..... Required for Birthday Club Voucher!

PHONE: **MOBILE:**

EMAIL:

I hereby apply to the Premier Speedway Club for membership, and if accepted, agree to abide by all the rules and regulations governing the Premier Speedway Club, and all controlling bodies and by laws. Please record accurately your email address and mobile phone number so that we are able to keep you up to date with all the latest Speedway news.

SIGNED: **DATE:**

Premier Speedway Club Officials Membership **\$50.00**

If you are continuing in your position please tick and state your position:

If a season's pass is required for your partner then please complete the following:

Partners Seasons Pass **\$50.00** Partners Name:

Up to two (2) Children Under 15 will be granted complimentary seasons passes for the 2018 -19 season.
 Any additional children will incur a charge of \$10.00 per child.

Child 1: Age: Child 2: Age:

Child 3: Age: Child 4: Age:

TOTAL TO BE PAID: \$.....

Registration for Car Park Pass – (EG: ABC-123)

Officials Membership Entitlements include:

- One Car Park Pass • Admission to all race meetings • Members Cap, Pen & Fridge Magnet • Birthday Club Meal Voucher
- AGM Voting Rights (Must be financial prior to July 31, 2018 and Be Over 18 Years of Age).

Please send completed form and payment (cheque, money order or credit card details to **PREMIER SPEEDWAY CLUB, PO BOX 335, WARRNAMBOOL VIC 3280**

The information you have provided is private and confidential and the Speedway Club does not disclose this information to people and/or external organisations to the club.

VISA MASTERCARD

Card Holders Name:

Signature:

Cardholder signature (Your signature is required by Law to process a Credit Card Payment)

Card Number:

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Expiry Date:/..... **TOTAL PAYMENT: \$.....**

OFFICE USE ONLY:
 Date Received:/...../20.....
 Membership Number:
 Seasons Pass Number:
 Cheque: Cash
 EFTPOS Receipt Number:

ANY LOST OR MISPLACED CARDS WILL INCUR A \$15 REPLACEMENT FEE.