



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
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2019-20 OFFICIALS MEMBERSHIP

SURNAME:

GIVEN NAMES:

ADDRESS:

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

OCCUPATION:

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

PHONE: **MOBILE:**

EMAIL: Tick for future renewal forms be emailed commencing in 2020-21

By Signing and Lodging this form I agree to abide by all the rules and regulations, as governing the Premier Speedway Club, and all controlling bodies and by-laws including the Premier Speedway Code of Conduct. Proposer and Seconder must be a Premier Speedway Club financial member. A copy of the Code of Conduct is available on the Premier Speedway website or at the office upon request.

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 15 and Under (by October 31, 2019) will be granted complimentary Season Passes (General Admission) for the 2019-20 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, 2019 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:

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

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

OFFICE USE ONLY:

Date Received:/...../20.....

Membership Number:

Seasons Pass Number:

Cheque: Cash

EFTPOS..... Receipt Number:

