## APPLICATION/RENEWAL FOR **2024/25 TRAINER MEMBERSHIP**



## To the President, Pinjarra Harness Racing Club

, <del>,</del>	
of Pinjarra Harness Racing Club. In the	ne Register of Members as a Full Member event of my being elected, I hereby agree to be Code of Conduct and other such Rules of the Club.
NEW APPLICAT	TION RENEWAL LAPSED
Title:First Name:	Surname:
Postal Address:	P/Code
Date of Birth:	
Phone Number(s) M:	H:
Email:	
*Email address is essential; it will be used as the	priority contact address and for delivery of the Club's E-Newsletter
MEMBERSHIP TYPE: (Please tick)	RAINER - FLOATING IN\$280
Lo	OCAL - HOBBY / PROFESSIONAL (Including jog track)\$480
MAJOR MEDICAL CONDITIONS: ie Allergies, Asthma, Epilepsy, High Blood Pressure, Diabetes, Heart Condition, etc	
CONDITION(S) (Please list):	
MEDICATION(S):	
EMERGENCY CONTACT:	MOBILE:
Applicants Signature:	Date
request. Members are responsible for the dr The Club's Constitution, By-Laws, Privacy Police	O 31 JULY. Members' passes are non-transferable and must be shown on ress and behaviour of your guests.  By and Rules are published on the Club's Website.  Bur Membership details to be made known to Racing & Wagering WA
PAYMENT OPTIONS:	CONTACT THE CLUB:
<ul> <li>Bank Transfer: Use your Name as the Repart Account Name: Pinjarra Harness Racin BSB: 633 000 Account Number: 174</li> <li>Cheque: Made out to Pinjarra Harness</li> <li>Cash or Credit Card</li> <li>PayPal via the Club's website (Credit Card)</li> </ul>	g Club 852202 Racing Club PO Box 101, Pinjarra WA 6208 Ph: 08 9531 1941 Email: hrm@pinjarrapaceway.com.au
OFFICE USE ONLY:	
CHAIRMAN:	ACCEPTED / REJECTED
DAVMENIT TVDE.	DATE BAID:

MEMBER CARD #:......DATE ISSUED:......DATE