



# TOOWOOMBA TURF CLUB INC.

Clifford Park Racecourse

Hursley Road, Toowoomba, QLD 4350 PO BOX 6037 Toowoomba West, QLD 4350

Phone (07) 46 34 60 66 Fax (07) 46 33 12 56

Full Member \$110 Inc GST     Concession - \$55 Inc GST

MEMBERSHIP APPLICATION 2011/2012 FINANCIAL YEAR		
APPLICANT INFORMATION		
Name: (Mr/Mrs/Miss)		
Address:		
City:	State:	Postcode:
Email:		
Date of birth:    /    /	Phone:	Mobile:
EMPLOYMENT INFORMATION		
Occupation / Profession:		
Business Address:		
City:	State:	Postcode
FURTHER INFORMATION		
Address for correspondence:		
Have you been a member of this Club or any other Turf Club? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Club:		
Are you currently licensed in connection with galloping, harness or dog racing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Details:		
Are you otherwise connected with horse racing? Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Other <input type="checkbox"/> (please give details)		
Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes; Details:		
Have you ever had your membership of any Club cancelled or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Details:		
Have you defaulted on any liability in respect of horse racing or betting, or in connection with ownership of a racehorse? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		
SIGNATURES		
I hereby declare that the answers provided above are true and correct and that I have not withheld any information within my knowledge likely to affect the decision of the Toowoomba Turf Club Committee as to the eligibility of my membership application. If my application is successful I agree to abide by the Rules and Regulations of the Toowoomba Turf Club and I am over 18 years of age.		
Signature of applicant:		Date:

## **PROPOSER / SECONDER NOMINATION DECLARATION**

### **PROPOSER**

.....  
**Full name**

.....  
**Signature**

.....  
**Date**

### **SECONDER**

.....  
**Full name**

.....  
**Signature**

.....  
**Date**

Application forms must be completed IN FULL, any incomplete application forms will not be processed. Please return this form to the Secretary to be considered at the next available Committee Meeting. Once considered at a Committee level you will be notified by mail of the outcome. Thank you very much for your application.

*“Light years ahead of the rest”*