



KYNETON & HANGING ROCK RACING

KHRR MEMBER APPLICATION FORM 2009/2010 SEASON

Tax Invoice ABN 28 510 618 739

Applicant Details

Name: _____

Address: _____

_____ Post Code: _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

Date of Birth (*optional*): _____

Occupation: _____

MEMBERSHIP

— For full details please see over

I wish to become a **Member** of *Kyneton & Hanging Rock Racing*
(includes complimentary guest pass)
for \$95.00 including GST

PAYMENT OPTIONS

Enclosed is my payment by (*please tick*): NB: Cards will be sent once payment has been processed

CHEQUE BANKCARD MASTERCARD VISA AMOUNT \$ _____

Please make **Cheques** payable to Kyneton & Hanging Rock Racing

For Credit Card Payments *only* please complete:

Name on Card: _____ Signature: _____

Card Number: _____

Expiry Date: _____ / _____

PLEASE COMPLETE AND POST OR FAX THIS FORM TO:
Kyneton & Hanging Rock Racing, PO Box 106, Kyneton VIC 3444
Telephone: (03) 5422 1866 Fax: (03) 5422 2434

OFFICE USE ONLY:

APPLICATION RECEIVED: _____ / _____ / _____ CARD #'S ISSUED: _____ CARDS SENT: _____ / _____ / _____