



2020 Membership Application

MEMBERSHIP FEE: \$45.00 per person \$70.00 per double

To confirm your Membership Application please return the completed form and pay the total amount due. Applications will only be processed upon receipt of payment.

Nominee 1

Name: _____ Email: _____

Postal address: _____

Telephone: (W) _____ (H) _____ Mobile: _____

I hereby wish to make an application for 2020 Membership to the Central Queensland Amateur Racing Club Incorporated and I agree to be bound by the rules of the Club.

Signature: _____ Date: _____

Nominee 2

Name: _____ Email: _____

Postal address: _____

Telephone: (W) _____ (H) _____ Mobile: _____

I hereby wish to make an application for 2020 Membership to the Central Queensland Amateur Racing Club Incorporated and I agree to be bound by the rules of the Club.

Signature: _____ Date: _____

Total Amount Due: \$ _____

To complete your membership application:

To complete your membership application, email or post your completed form and pay the total amount due:

Post: The Secretary
CQARC INC.
PO Box 192
Rockhampton Qld 4700

Direct deposit:
When paying by direct deposit please use your first
initial and surname as your payment reference.
Bank: NAB
BSB: 084 901 Account No: 50 891 5711