



Membership No.  
Office Use Only

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M / F

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Please answer the following and tell us about yourself:*

What are your interests: \_\_\_\_\_

How often would you visit the Gold Coast Turf Club:

Once a month or more

A few times a year

Feature Race days only

Other: \_\_\_\_\_