



HAWKE'S BAY RACING INC MEMBERSHIP APPLICATION FORM

P O BOX 1046, Hastings 4156
300 Prospect Road, Hastings 4122
Ph (06)873 4545 Fax (06) 876 6488
www.hawkesbayracing.co.nz

1. Surname: Mr / Mrs / Miss / Ms:
2. First Names:
3. Address:
..... Postcode:
4. Telephone (Home) (Work)
5. (Mobile) (E-Mail)
6. DOB: *(O/65's and Junior Members please attach copy of proof of age, ie: Student ID card, Birth Certificate, N Z Drivers license, NZ Passport, etc).*
7. Name of Employer
(if self employed, name of business/partnership)

Applicant's Signature:

PLEASE INDICATE CATEGORY OF MEMBERSHIP REQUIRED & ENCLOSE PAYMENT:

- | | |
|---|--|
| <input type="checkbox"/> Full Membership (\$150) | <input type="checkbox"/> Over 65's Membership (\$80) |
| <input type="checkbox"/> Associate Membership (\$80) | <input type="checkbox"/> Junior Membership (\$30) (under 18 yrs) |
| <input type="checkbox"/> Licensed Trainer, Permit To Train & Reg. Owner/Trainer & Staff
(Reduced subscription applies) | |

Attached is proof of age for O/65 and Junior Membership

Please note: Tidy dress is expected throughout the year. Those wearing badly faded or torn jeans, T-Shirts or Jandals will not be admitted to the Members Stand.

For Office Use Only:

Received: _____	Date: _____	Approved by Board _____	Date: _____
Rec # _____	Date: _____	Letter Sent M'ship _____	Date: _____
Account Sent _____	Date: _____	Tickets Sent _____	Date: _____
		Entered on D/Base _____	Date: _____