

APPLICATION/RENEWAL FOR 2025/26 **TRAINER MEMBERSHIP**



PINJARRA TROTS

The Home of Real Horse Power!

To the President, Pinjarra Harness Racing Club

I request that you enter my name on the Register of Members as a Full Member of Pinjarra Harness Racing Club. In the event of my being elected, I hereby agree to be bound by the Constitution, Members Code of Conduct and other such Rules of the Club.

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NEW APPLICATION

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RENEWAL

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LAPSED

Title: First Name: Surname:

Postal Address: P/Code

Date of Birth:

Phone Number(s) M: H:

Email:

**Email address is essential; it will be used as the priority contact address and for delivery of the Club's E-Newsletter*

MEMBERSHIP TYPE: (Please tick)

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TRAINER - FLOATING IN \$300

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LOCAL - HOBBY / PROFESSIONAL (Including jog track)..... \$500

MAJOR MEDICAL CONDITIONS: ie Allergies, Asthma, Epilepsy, High Blood Pressure, Diabetes, Heart Condition, etc

CONDITION(S) (Please list):

MEDICATION(S):

EMERGENCY CONTACT: **MOBILE:**

Applicants Signature: Date

MEMBERSHIP RUNS FROM 1 AUGUST TO 31 JULY. Members' passes are non-transferable and must be shown on request. Members are responsible for the dress and behaviour of your guests.

The Club's Constitution, By-Laws, Privacy Policy and Rules are published on the Club's Website.

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Tick this box if you do NOT approve your Membership details to be made known to Racing & Wagering WA

PAYMENT OPTIONS:

- Bank Transfer: *Use your Name as the Reference*
Account Name: Pinjarra Harness Racing Club
BSB: 633 000 Account Number: 174852202
- Cheque: Made out to Pinjarra Harness Racing Club
- Cash or Credit Card
- PayPal via the Club's website (Credit Card)

CONTACT THE CLUB:

Pinjarra Harness Racing Club
7 Paceway Court, Pinjarra WA 6208
PO Box 101, Pinjarra WA 6208
Ph: 08 9531 1941
Email: hrm@pinjarrapaceway.com.au
Website: www.pinjarrapaceway.com.au

OFFICE USE ONLY:

CHAIRMAN: **ACCEPTED / REJECTED**

PAYMENT TYPE: **DATE PAID:**

MEMBER CARD #: **DATE ISSUED:**