



Gallopers
SPORTS CLUB



Membership application form

Title: Mr/ Mrs/ Miss/ Ms First Name: _____

Surname: _____

Address: _____

_____ P/C

Mobile: _____ Home Ph: _____

Email _____

Date of birth:

Signature: _____

Date: _____

We will keep you up to date on a special offers and news via email and post. If you do not wish to receive these updates please tick.

| | |
|------------------------|-------------------------------------|
| OFFICE USE ONLY | Membership number |
| | Id type |
| | Id number |
| | Date accepted |
| | Staff member name & signature |

*I hereby apply for membership at Gallopers Sports Club. I am over the age of 18 years and if accepted as a member, agree to abide by the Brisbane Racing Club Ltd Constitution and by-laws that may be approved from time to time. The BRC is committed to protecting your privacy and to complying with the National Privacy Principles. A full copy of the BRCs privacy statement is available at www.brc.com.au.