



# TATTERSALL'S CLUB AND TATTERSALL'S RACING CLUB

# APPLICATION FOR FAMILY MEMBERSHIP



PLEASE COMPLETE ONE FORM FOR EACH FAMILY MEMBER

## PERSONAL DETAILS

Title	First Name	Surname
Post Nominal Decoration	Date of Birth	
<i>PRIVATE ADDRESS</i>		
Street Number	Street	
Suburb/ Town	State	Postcode
Private Telephone	Mobile Telephone	
Email Address	I wish to receive Club correspondence, including financial statements via email.	
Tattersall's Club Member which your Family Membership will be linked to (Lead Member): Name:		Membership Number:

## EMPLOYMENT DETAILS

Name of Company	Position Held				
Business Telephone	Business Email				
Company Address					
PREFERRED POSTAL ADDRESS	Private	Business	PREFERRED EMAIL ADDRESS	Private	Business

WOULD YOU LIKE TO BECOME INVOLVED IN AN INTEREST GROUP? TICK YOUR AREAS OF INTEREST BELOW.  
YOUR CONTACT DETAILS WILL BE PASSED ONTO THE INTEREST GROUPS OF YOUR CHOICE

Backseaters/ Cricket	Bowls	Business to Busi- ness (B2B)	'Club 200' (Cellar)	Colts & Fillies (35 years and under)	Cycling	Golf	Health and Wellness Centre
Heritage	Motorcycle	Motor Group/ Car Club	Racqueteers/ Tennis	Shooters	Snooker	Walkers	Wine

Would you like your Membership subscription charged back to the Lead Membership account?	Yes	No
Would you like your incidentals charged back to the Lead Membership account?	Yes	No

If no, please complete payment details at the bottom of this page

## DECLARATION

I HEREBY DECLARE THAT I HAVE NOT WITHHELD INFORMATION WITHIN MY KNOWLEDGE LIKELY TO AFFECT THE DECISION OF TATTERSALL'S CLUB AND TATTERSALL'S RACING CLUB AS TO THE ELIGIBILITY OF MY MEMBERSHIP AND I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF TATTERSALL'S CLUB AND TATTERSALL'S RACING CLUB.

Signature	Date
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## CREDIT CARD DIRECT DEBIT AUTHORISATION

YOU AUTHORISE ANY FUTURE CHARGES TO BE DEBITED FROM YOUR NOMINATED CREDIT CARD ON THE 15TH DAY OF EVERY MONTH.

Credit Card Type	MASTERCARD (1% Surcharge)	VISA (1% Surcharge)	DINERS (3% Surcharge)	AMEX (3% Surcharge)
Full Name on Card				
Credit Card Number				
Signature	Expiry Date			

## BANK ACCOUNT DIRECT DEBIT AUTHORISATION

YOU AUTHORISE ANY FUTURE CHARGES TO BE DEBITED FROM YOUR NOMINATED BANK ACCOUNT ON THE 15TH DAY OF EVERY MONTH

BSB	Account #	Account Name
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