



APPLICATION FOR MEMBERSHIP

I/We hereby apply to become a member or members of the Western Australian Racehorse Owners Association and I/We agree to be bound by the constitution, rules, and by-laws of the Association. I/We declare that I/We are or have been owners/part owners/lessees of a horse registered in accordance with the Australian Rules of Racing.

MEMBERSHIP OPTIONS: (per Financial Year inc. GST)

- | | | | |
|----------------|---|---|--|
| 1 YEAR | CITY (within 200km of Perth) | <input type="checkbox"/> Single Membership \$90.00 | <input type="checkbox"/> Joint Membership \$135.00 |
| | COUNTRY (outside 200km of Perth) | <input type="checkbox"/> Single Membership \$60.00 | <input type="checkbox"/> Joint Membership \$85.00 |
| 2 YEARS | CITY (within 200km of Perth) | <input type="checkbox"/> Single Membership \$160.00 | <input type="checkbox"/> Joint Membership \$250.00 |
| | COUNTRY (outside 200km of Perth) | <input type="checkbox"/> Single Membership \$100.00 | <input type="checkbox"/> Joint Membership \$150.00 |

PERSON 1

Name _____
Address _____
Suburb _____ Post Code _____
Mobile/Home _____ Email _____

PERSON 2 (Joint Membership)

Name _____
Address _____
Suburb _____ Post Code _____
Mobile/Home _____ Email _____

METHODS OF PAYMENT:

- Direct Deposit** (BSB) 036 016 (A/C No) 94 1432 **Cheque**
- Credit Card:** Visa / MasterCard **Card Holders Name** _____
- Number ____ | ____ | ____ | ____ Expiry ____ / ____

Signature _____ Date _____

Please complete this form & return by Post or Email with payment to: -

Post WAROA, PO Box 404, BELMONT WA 6984
Email member@waroa.com.au