Goondiwindi RACE CLUB BEST IN THE WEST

## 2020 MEMBER APPLICATION FORM

Name			
Address			
Phone	Ноте	Mobile	
Email			
Method o	f Payment		
I wish to p	ay by the following (Ple	ease circle)	
*	Cash/Cheque		
*	Credit Card:- (Card Payn	Mastercard Visa Diners Club nents will appear on your statement as Goondiwindi Travel Centre,	
	Card No		
	Expiry Date	/	
	Cardholder Name		
	Signature		
*	Direct Debit:	Goondiwindi Race Club BSB: Account No: 420354 (Use name as reference)	
Please po	st to: Goondiwi	ndi Race Club, PO Box 620, Goondiwindi QLD 4390	
Email:	gundyrace@gmail.co	indyrace@gmail.com	