



Application for Membership

*Far North Queensland Amateur
Turf Club Inc.*

The Racing & Club Secretary
Far North Queensland Amateur Turf Club Inc.
PO Box 5326
Cairns QLD 4870
Tel: (07) 4033 1135 Fax: (07) 4033 0399

Date.....

Dear Sir/Madam,
We, the undersigned, wish to propose and second respectively the following nomination for election as a Member of the Far North Queensland Amateur Turf Club (Cairns Amateurs). **We understand that only the person nominated, not the couple, will become the Member** and that only one person of a marriage/relationship can become a Member. Membership allows for the inclusion of one (1) partner (to be declared on annual Membership forms).

Full Name of Nominee

Address - Residential

Address – Postal

Email Address

Daytime Contact Number

Occupation & Company

Marital Status

Name of Spouse/Partner

Signature of Candidate

Proposer Name Seconder Name:.....

Proposer Signature Seconder Signature:

Address Address

** All fields must be completed before application is submitted. Incomplete applications will not be processed.*

| |
|--|
| Office Use Only: Date Received Letter Sent |
|--|