



Membership 2023-2024

Application/Renewal

Adults \$10 Family – 2 Adults & 2 Children \$30

Title (please circle) Ms Mrs Mr Other

Given Names: Surname:

Mailing Address:

Suburb: Post Code:

Phone: Business Mobile

Email Address:

Date of Birth.....

Were you a CHRC member last season? If yes DO NOT complete the next section

I nominate the above applicant Signature:

Member's Name: Membership #:

I second the nomination Signature:

Member's Name: Membership #:

Payment Options (please circle) Cash Cheque Direct Transfer

BSB No: 112 908 Account No: 040 033 069

I agree to abide by the rules and regulations of the HRACT.

Signature: Date:

This information is collected for the purposes of processing your request to become a member of the HRACT and any non-disclosure of the requested information may result in your application being rejected.

Office Use Only
Member #

Canberra Harness Racing Club Inc.

chrc@bigpond.com

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