

2020 AJRA MEMBERSHIP FORM

name:				
Address:				
State:	Postcode:	Phone:		
D.O.B.:				
Email:				
FULL MEMBER 3 YEAR PROM TRAINER PREMIUM PACKAG (Trainer receives a free membership - the I agree to the terms and condi I give permission for the AJRA to I prefer the following methods To help us create more value for the Weekly updates brought to you I Jumps racing news & stories brought to you I was a stor	- 35 YEARS) OO OTION \$225.00 (\$112.50/Y) OTION \$300.00 (\$100.00/Y) E \$350.00 In thions & privacy policy of the AJRA. The contact me regarding any communication of communication: Text The contact membership, choose to opt in on the polyton of the polyton or your membership, choose to opt in on the polyton of the polyton or your membership.	tion on jumps racing. the following:		Uits
	Payable to - Australian Jumping Raci	ng Association Inc		
Cheque U	Mail to - Carol Torkar, 398-418 Hammo BSB: 083 - 155 Account: 515 - 274 - 72		VIC 3175	
EFF to AJRA L	(For all EFT payments, please add your full		ify your pay	ments)
VISA OR Mastercard	(A payment processing fee of 1.1% a	oplies to Credit Card paym	ents)	
Cardholders Name:				
Card No:				
Exp Date: /	3 Di	git Security Code:		
Signature of Cardholder/Member:		Date:	/	/
Signature Of Applicant:		Date signed:	/	/

By signing this form you give permission for the AJRA to charge your card with the nominated choice. Alternatively please provide full payment by bank transfer or cheque.

^{*} By filling out this form I wish to become a member of the Australian Jumps Racing Association, support the rules of purpose of the association and agree to comply with the rules. Any enquiries regarding any of the above please email memberships@australianjumpsracing.com for more information.