



## APPLICATION FOR ASSOCIATE MEMBERSHIP

Name: .....  
Address: .....  
Mobile: .....  
Email: .....

I wish to apply for ASSOCIATE MEMBERSHIP of the Victorian Wakeful Club.

I am known to \_\_\_\_\_ (a Member of the Victorian Wakeful Club)  
who can provide a reference for me if required.

The Victorian Wakeful Club operates under the Model Rules from Consumer Affairs Victoria and if I am successful in becoming an Associate Member, I agree to abide by these rules.

Signed by Applicant: ..... Date: .....

*Once completed, please forward this form together with a short personal description of your involvement and/or interests in the Thoroughbred and Racing Industry to our Club Secretary - Caitrin Kelly by emailing: [secretary@wakeful.com.au](mailto:secretary@wakeful.com.au)*

*Alternatively, by post to: Caitrin Kelly, PO Box 3103, MORNINGTON, VIC 3931*

**An Associate Member Subscription Fee of \$75.00 due on July 1st annually.**

Payment of subscription can be made by selecting 'Associate Member' on the payment section of our Club website - [www.wakeful.com.au](http://www.wakeful.com.au) Or by Bank Transfer:

Commonwealth Bank – **ACC Name:** Victorian Wakeful Club **BSB:** 063 855 **ACC:** 10108978.

**PLEASE USE YOUR NAME AS REFERENCE FOR BOTH PAYMENT METHODS**

Thank you for your interest in joining the Victorian Wakeful Club.