



Membership 2024-2025

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:

Office Use Only

Member #

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.