



APPLICATION FORM 2010

Please complete application form and return by post to:

Kelly Gang **OR Fax:** 03 9580 2542
8 Helen Kob Drive **Email:** thekellygang@kellyracing.com.au
Braeside Vic 3195

Membership Options (Please tick one)

Foundation Member	\$150	<input type="checkbox"/>	(Existing Members only)
Full Member	\$150	<input type="checkbox"/>	
Partner	\$100	<input type="checkbox"/>	
Kids Membership	\$75	<input type="checkbox"/>	(15 Years & Younger only)

* All prices include GST

Member Details

Existing Member Number _____

First Name _____

Last Name _____

Gender _____

Address _____

State _____ Post Code _____

Country _____

Home Ph _____

Mobile Ph _____

Email Address _____

Date of Birth _____

New Members Only to Complete

User Name _____

Password _____

Additional Members Names (Partner Members only)

Partner 1 Name _____

Date of Birth _____

Partner 2 Name _____

Date of Birth _____

Partner 3 Name _____

Date of Birth _____

Payment Details (Please tick one)

Visa	<input type="checkbox"/>
Master Card	<input type="checkbox"/>
Cheque Enclosed*	<input type="checkbox"/>

*Please make cheques & money orders payable to Kelly Racing

Card Number _____

Expiry Date _____ / _____

CCV Number _____

Signature _____

Ph: 03 8587 1700
thekellygang@kellyracing.com.au
www.kellyracing.com.au