

Membership Application Form

Individual

SECTION A

Date of Application:

Surname:	
First Name:	Other Name:
DOB:	

Residential Address

Address:	
Suburb:	
State:	Postcode:

Postal Address

Address:	
Suburb:	
State:	Postcode:
Mobile:	Business:
After Hours:	
Email:	
Tax File Number:	
ABN (if applicable):	

Employment Information

Usual Occupation:
Self Employed: Y / N
Employer:

Industry Experience

Period of Time / Experience if any as: -

- a) Bookmaker.....
- b) Substitute
- c) Bookmaker's Clerk

	1	2	3
Bookmakers employed by:			
Period of time Employed:			
Number of Meetings worked:			
Position (e.g. Penciller, Bagman):			

I desire to become a member of the Victorian Bookmakers' Association Limited, and I hereby agree, if elected, to become a member of the said Company and to be bound by the Memorandum and Articles of Association of the said Company for the time being, and in consideration of being elected I undertake and agree not to give any guarantee to any Victorian Racing Club or Association or to any persons, clubs or associations whether incorporated or unincorporated for the payment of any wagers or bets made by any Bookmaker on any racecourse without the sanction of the Council.

The particulars provided above are true and correct.

Three written References to be supplied directly to the VBA. At least one from any of the above Bookmakers.

Signature of Applicant: _____

VICTORIAN BOOKMAKERS' ASSOCIATION LTD.

Statutory Declaration of Accuracy (to be completed by the Applicant)

I, of

.....

the above-named Applicant for membership to the Victorian Bookmakers' Association Limited do solemnly and sincerely declare:

1. That the information supplied in this Statement is a true and correct statement of my financial position.
2. That I am not aware of any matters which may render the information supplied to be incomplete or inaccurate, and I undertake to inform the Council immediately if my financial position materially alters.
3. I authorise the Victorian Bookmakers' Association Limited to make any enquiries necessary to verify the information supplied in this application.

I solemnly and sincerely declare that this declaration is signed with my name and hand writing and the contents of this declaration are true and correct in every particular.

Signature.....

(Of person making declaration - to be signed in front of an authorised witness)

Declared at in the State of

this day of 20

Before me,

.....
(Signature of authorised witness)

Name of authorised witness:

.....

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 [Vic.] (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)

SECTION B - ASSETS

Account Balances

(Includes: Savings Accounts, Cheque Accounts, Investment Accounts, Term Deposits, Cash Management Accounts, TABCORP Telephone Betting Accounts etc.)

Financial Institution	BSB	Account No.	Last Dated Transaction	Balance	VBA Use
SUB TOTAL					

Investments

(Includes: Bonds, Shares, Debentures, other market securities – specify name, quantity, value and date of valuation)

Investment Type	Company	Quantity	Date of Valuation	Market Value	VBA Use
SUB TOTAL					

Real Property

(Includes: residences and any investment properties)

Address	Date of Valuation	Valuation Method	Value of Ownership	Encumbrances (e.g. mortgage, guarantee, covenant)	VBA Use
SUB TOTAL					

(show only your value)

Other Business Interests

(Includes: private companies, shareholdings and interests and interest in trusts. Latest Profit and Loss Statement and Balance Sheet to be provided.)

Name of Company	% of Holding	Total Assets	Total Liabilities	Date Accounts Audited	VBA Use
SUB TOTAL					

(show only your value)

Personal Chattels

(Includes: Items over \$5,000 in value, including motor vehicles.)

Description of Chattels	Valuation Date	Valuation Method	Market Value	VBA Use
SUB TOTAL				

Other Assets

Description	Valuation Date	Valuation Method	Market Value	VBA Use
SUB TOTAL				

TOTAL ASSETS \$.....

- Please include a supporting balance sheet if you have referred to an interest or interests in a family trust.
- In evaluating your financial position, the Association will **not** be including preserved Superannuation as a relevant asset.

SECTION C - LIABILITIES

Loans

(Includes: Business or Personal Loans, overdrafts, mortgages and any other loans from a third party.)

Lender	Total Loan Amount	Outstanding Balance	Repayment Amount & Frequency	VBA Use
SUB TOTAL				

Taxation Liabilities

(Includes: Any amounts outstanding with Commonwealth and State Government agencies)

Details	Due Date	Amount	VBA Use
SUB TOTAL			

Guarantees and/or Indemnities

(Includes: Any and/or indemnities of a personal or business nature)

Details	Personal / Business	Amount	VBA Use
SUB TOTAL			



To the Executive Officer
Victorian Bookmakers' Association Limited
400 Epsom Road
FLEMINGTON VIC 3031

In consideration of the guarantee to be given under Section 94A of the Racing Act 1958, by you on my behalf from time to time, I deposit with you herewith the sum of

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(hereinafter called "*the deposited amount*") to be held by you against any default by me in the payment of any wager which default results in a payment made by you in respect of any such guarantee. The deposited amount is deposited upon the following terms and conditions: -

- a) The deposited amount may be invested by you in any manner.
- b) The interest arising from any such investment may be retained by you in whole or in part at your absolute discretion for the purpose of defraying your administrative costs and expenses.
- c) You will not be responsible to me in respect of any loss suffered as a result of the said investment.
- d) You may appropriate or retain the whole of such part of the deposited amount as is equal to a payment made by you in respect of any guarantee given by you on my behalf.
- e) The VBA may, in its sole discretion, require me to provide future and better security or payment in excess of the deposited amount from time to time.

I further agree to indemnify and hold your Association harmless in respect of any claim, damages, losses, or costs which may be suffered or incurred by you as a result of any guarantee given by you on my behalf as aforesaid.

DATED the day of 20.....

Signed by

In the presence of:-

Witness

.....

Print Name of Witness

.....

Address of Witness