

# QUEENSLAND JOCKEYS ASSOCIATION

## APPLICATION FOR MEMBERSHIP QUEENSLAND JOCKEYS' ASSOCIATION

To The Secretary

I wish to become a member of the Queensland Jockeys' Association Inc. (including the Australian Jockeys Assoc) and I hereby agree to be bound by the constitution of the Association. Membership includes access to AJA insurance arrangements.

Member's details:

**Surname:** ..... **First**.....

**P.O. Address:**.....

**Telephone No:** ..... **Mobile:**.....

**Email Address:**.....

I authorise \$4.00 per ride to be deducted from my Riding Fee as contribution to  
The Distressed Jockeys' Fund  
QJA administration  
The Australian Jockeys Association.

**Signed:** .....

(Applicant)

**Date** ..... / ..... / .....

**Return this form to Queensland Racing:**

**Fax: 3269 8929**

**PO Box 68 Sandgate 4017**

**Racecourse Rd Deagon**