



55 Cardigan Street, ANGLE PARK SA 5010
 PO Box 2352, REGENCY PARK SA 5942
 Telephone : (08) 8243 7100
 Facsimile : (08) 8268 2870
 Email : admin@grsa.com.au
 Website : www.grsa.com.au

Notification Form for SYNDICATE MEMBER AMENDMENT FORM

SYNDICATE

SYNDICATE NAME	
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I/We hereby acknowledge that I am assuming Membership within the above mentioned Syndicate and agree to be bound by and to comply with all such Rules and Statutory provisions in respect of greyhound racing and registration as shall for the time being and from time to time be in force and will comply with all decisions and directions in respect of greyhound racing and registration that may from time to time be lawfully made by Greyhound Racing SA or by any other authorised person or body.

Details of INCOMING MEMBER/S

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

MANAGER (1) and ALL AUTHORISED REPRESENTATIVES (2,3 & 4) of the Syndicate are required to PRINT NAME & SIGN BELOW

1	(Manager) NAME	Signature
2	NAME	Signature
3	NAME	Signature
4	NAME	Signature



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SYNDICATE

SYNDICATE NAME	
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I hereby notify that I am relinquishing my membership within the above mentioned Syndicate

Details of OUTGOING MEMBER/S

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

NAME			
ADDRESS			
SUBURB		POST CODE	
SIGNATURE		DATE	
CONTACT PHONE NUMBERS			

MANAGER (1) and ALL AUTHORISED REPRESENTATIVES (2,3 & 4) of the Syndicate
 are required to PRINT NAME & SIGN BELOW

1.	(Manager) NAME	Signature
2.	NAME	Signature
3.	NAME	Signature
4.	NAME	Signature