



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations
14 Hasler Road Osborne Park WA6017
Telephone (08) 9445 5558
Facsimile 08 6314 4792
Email: licreginfo@rwwa.com.au

NO FEE

NOTIFICATION OF CHANGE TO MEMBERSHIP



SYNDICATE



SYNDICATE NAME:

PART A: (OUTGOING MEMBER)

Mr/Mrs/Ms/Miss

SURNAME

GIVEN NAMES

TELEPHONE NUMBER (BUSINESS HOURS)

HEREBY NOTIFY THAT I AM RELINQUISHING MY MEMBERSHIP.

SIGNATURE OF OUTGOING MEMBER:

DATE:

PART B: (MANAGER)

I HEREBY ACKNOWLEDGE THE CHANGE OF MEMBERSHIP FOR THE ABOVE NAMED SYNDICATE AS INDICATED.

Mr/Mrs/Ms/Miss

SURNAME

GIVEN NAMES

TELEPHONE NUMBER (BUSINESS HOURS)

POSTAL ADDRESS:

No:

STREET

SUBURB

POST CODE

EMAIL ADDRESS:

@

(Email address must be unique)

SIGNATURE OF MANAGER:

DATE:



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations
14 Hasler Road OSBORNE PARK WA 6017
Telephone (08) 9445 5558
Facsimile (08) 6314 4792
Email: licreginfo@rwwa.com.au

PART C: (INCOMING MEMBER)

I HEREBY ACKNOWLEDGE THAT I AM ASSUMING MEMBERSHIP WITHIN THE ABOVE MENTIONED SYNDICATE

MR/MRS/MS/MISS

(BUSINESS HOURS)	SURNAME	GIVEN NAMES	TELEPHONE NUMBER
-------------------------	----------------	--------------------	-------------------------

POSTAL ADDRESS:

NO:	STREET	SUBURB	POST CODE
------------	---------------	---------------	------------------

EMAIL ADDRESS:

@

(Email address must be unique)

MEMBERS DECLARATION:

AS A SIGNATORY TO THIS APPLICATION I DECLARE THAT I AM OVER 17-YEARS OF AGE AND AM NOT UNDISCHARGED, BANKRUPT OR DISQUALIFIED UNDER ANY RULES OF RACING AND FURTHER DECLARE THAT I HAVE READ AND AGREE IN ALL RESPECTS TO BE BOUND AND COMPLY WITH THE RWWA RULES OF GREYHOUND RACING. I FURTHER AGREE THAT IF I HAVE BEEN CONVICTED OF OR HAVE A PENDING CHARGE AGAINST ME FOR A CRIMINAL OFFENCE OR HAVE BEEN CONVICTED OF AN OFFENCE UNDER THE RWWA RULES OF RACING (THOROUGHBRED, HARNESS OR GREYHOUND) OR THE RULES OF ANY OTHER RACING JURISDICTION IN THE PAST TEN YEARS, I WILL NOTIFY THE STEWARDS IN WRITING WITH THIS APPLICATION AND AGREE THAT SUCH NOTIFICATION MUST INCLUDE FULL DETAILS OF THE CONDUCT IN QUESTION.

Signature of New Member

Date



GST DECLARATION
Must be completed

FULL NAME

Please tick where applicable
Harness [] Thoroughbred [] Greyhound []

Section A:

Are you a resident of Australia for income taxation purposes? [] Yes Go to section B [] No Go to section D

If you have answered No, then we are obligated to withhold amounts under the Foreign Resident Withholding provisions.

Section B:

Is the horse racing activity conducted as a private recreational pursuit or hobby?

[] Yes Go to section D [] No Go to section C

If you have answered Yes, an ABN cannot be provided and you must declare yourself as a Hobbyist.

Section C:

Where the participant is GST registered the following agreement is given:

AGREEMENT FOR THE ISSUE OF RECIPIENT CREATED TAX INVOICES

Between

Racing and Wagering Western Australia ("Recipient") ABN: 21 347 055 603 14 Hasler Road, OSBORNE PARK WA 6017

And

The Signatory (referred to as the "Supplier")

Terms and Conditions

The Supplier and Recipient agree that:

- 1. The Recipient may issue tax invoices in respect of supplies made by the Supplier;
2. The Supplier may not issue tax invoices in respect of supplies made by the Supplier;
3. The Supplier acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Recipient if it ceases to be registered; and
4. The Recipient acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Supplier if it ceases to be registered; and

When you sign this GST Declaration, you are taken to have read this Agreement and agreed to the terms and conditions outlined above.

ABN - related to the horse industry (Applicable for Businesses)
ABN No:
Start Date ___/___/___ GST Reg. [x] Yes [] No

Should your Hobby/ABN and/or GST registration status change at any time, you must notify us of your new status immediately to enable us to make the correct payments. Should you require clarification on these entity types or taxation rulings, please refer to the ATO website.

Section D: (must be completed by all)

Australian Bank Account Details)

Account Name:
Name of Bank Branch
BSB: Account Number

Signature _____

Date ___/___/___

RWWA Privacy Policy

Please refer to RWWA's Privacy Policy on www.rwwa.com.au