



PO Box 311
CAMPBELLTOWN SA
5074

APPLICATION FOR MEMBERSHIP

(Please use BLOCK letters)

NAME: _____

ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH: ____/____/____ OCCUPATION: _____

TELEPHONE: (home) _____ (mobile) _____
(work) _____

E-MAIL ADDRESS _____

EMPLOYER: _____

Do you hold a motorcycling Australian licence? YES / NO Expiry Date: _____

Main interests in motorcycle sport: _____

Type of motorcycles owned: _____

Other interests / hobbies: _____

I hereby apply for membership of the *Historic Motor Cycle Racing Register of SA Inc* and do hereby agree to be bound by its Rules and Constitution.

SIGNATURE: _____ DATE: ____/____/____

Please enclose \$30 for single membership; \$40 family membership (+ \$10 joining fee)
EFT's to People's Choice Credit Union BSB 805-050 Acc No.100041411