



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