



APPLICATION FOR MEMBERSHIP

PO Box 311

CAMPBELLTOWN SA 5074

Details			
Full Name		Address	
Gender	Male	Female	
Date of Birth			
Home Phone	Email Address		Blood type if known
Mobile			
Business			
Emergency Contact Details			
Name		Address	
Relationship	Phone		
Are you restricted in everyday sport activity due to physical, intellectual or sensory impairment?			
Yes No			
If yes please specify:			
Are you of Aboriginal and/or Torres Strait Islander descent Yes No (Discretionary)			
Do you suffer from any illness or allergy Yes No			
If yes please specify:			
Are you a member of other club(s) if yes please provide details:			
Enter RiderNet profile number if issued			
Motorcycle Details and other interests			
Year	Make	Model	Capacity
Year	Make	Model	Capacity
Year	Make	Model	Capacity
Year	Make	Model	Capacity
MSA Licencing Details <i>(tick appropriate box)</i>			
Do you hold a Motorcycling Australia Licence Yes No expiry date No.			

Please enclose \$40 for single membership; \$50 family membership (+ \$10 joining fee)

Payment Details Bank: BSB 805 050 ACC 100041411 HMCRRSA People's Choice Credit Union

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: ____ / ____ / ____