

APPLICATION FOR MEMBERSHIP

PO Box 311

CAMPBELLTOWN SA 5074

MARCH 2024

Details										
Full Name			Address							
Gender Male Female										
Date of Birth										
		-								
Home Phone Mobile		Email Address			Blood type if known					
Business										
Emergency Contact Details										
Name Address										
		-								
Relationship		Phone								
Are you restricted in everyday sport activity due to physical, intellectual or sensory impairment?										
Yes N	10									
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:										
Why do you want to be in the club?										
they do you want to be in the dub.										
What is it we can offer you?										
What can you offer us?										
Motorcycle Details										
Year	Make	Model		(Capacity					
Year	Make	Model			Capacity					
Year	Make	Model		(Capacity					
MSA Licencing Details (tick appropriate box)										
-		tralia Licence? Yes	/ No	Expiry date:	Licence No:					
l Ininina fon	c, VAD tor cinal	loining foos: \$40 for single membership: \$50 for family membership (+ \$10 joining foo)								

Joining fees: \$40 for single membership; \$50 for family membership (+ \$10 joining fee). Once approval is given, contact Treasurer for account details. Do not use RiderNet.

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:///	DATE:		//	/
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