APPLICATION FOR MEMBERSHIP

**PO Box 2106 Glynde Plaza Post Office**

**FELIXSTOW SA 5070** June 2024

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| **Details** | | | | | | | |
| Full Name  Gender Male Female | | | | Address | | | |
| Date of Birth | | | |
| Home Phone  Mobile  Business | | Email Address | | | | | Blood type if known |
| **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: | | | | | | | |
| **Why do you want to be in the club?** | | | | | | | |
| **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)* | | | | | | | |
| Do you hold a Motorcycling Australia Licence? Yes/ No Expiry date: Licence No: | | | | | | | |

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| ***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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_