



APPLICATION FOR MEMBERSHIP

PO Box 2106 GLYNDE PLAZA POST OFFICE
 FELIXSTOW SA 5070

JUNE 2024

| | | | |
|--|---|---------------------|-------------|
| Details | | | |
| Full Name | | Address | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 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 <i>(tick appropriate box)</i> | | | |
| Do you hold a Motorcycling Australia Licence? Yes/ No | | Expiry date: | Licence No: |

**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: ____ / ____ / ____