

SPEEDWAY RIDERS ASSOCIATION S.A.

A.B.N. 70556435984

MEMBERSHIP APPLICATION SEASON 2018- 2019 (01 JULY 2018 – 30 JUNE 2019)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> SOLO RIDER | <input type="checkbox"/> QUAD | <input type="checkbox"/> OFFICIAL |
| <input type="checkbox"/> SIDECAR RIDER | <input type="checkbox"/> MIDGET DRIVER | <input type="checkbox"/> SPONSOR |
| <input type="checkbox"/> SIDECAR PASSENGER | <input type="checkbox"/> MECHANIC | <input type="checkbox"/> SPECTATOR |

TYPE OF MEMBERSHIP

- | | | |
|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> NEW MEMBER | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> EXISTING MEMBER | | |
| <input type="checkbox"/> LIFE MEMBER | DATE OF ORIGINAL MEMBERSHIP:..... | |

JOINING FEE **\$10.00** INC. GST- FOR FIRST TIME MEMBERS
SINGLE M/SHIP **\$50.00** INC. GST-per financial year
FAMILY M/SHIP **\$70.00** INC. GST-per financial year, 2 adults, children up to 16yrs, students 18yrs

Return to Secretary, P.O. Box 37 BIRDWOOD SA 5234 email b.mitchell18@bigpond.com.au
Electronic transfer to Speedway Riders Association of SA, Commonwealth Bank, BSB 065167
Acc 10028320 Please put name and 'membership' to identify transaction.

SINGLE MEMBERSHIP

NAME:.....DATE OF BIRTH:.....
ADDRESS:.....
STATE:.....POSTCODE:.....
PHONE NO:.....MOBILE:.....
EMAIL for club
correspondence:.....

FAMILY MEMBERSHIP

NAME:.....DOB:.....
NAME:.....DOB:.....
NAME:.....DOB:.....
NAME:.....DOB:.....
ADDRESS:.....
STATE:.....POSTCODE:.....
PHONE NO:.....MOBILE:.....
EMAIL for club
correspondence:.....

I hereby agree to be bound by the RULES and the CONSTITUTION of the SPEEDWAY RIDERS
ASSOCIATION OF SA INC.

Signed.....Date.....