



### Membership 2017 - 2018 Season.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you a life member? YES / NO Would you prefer to get information via email or post? EMAIL / POST (circle one)

**For emergency/medical purposes only**

**Next of Kin** \_\_\_\_\_

**Contact number for Next of Kin** \_\_\_\_\_

**Allergies/Medical Conditions** \_\_\_\_\_

Class: \_\_\_\_\_ Car Number: \_\_\_\_\_

If anyone on this application requires paperwork for Licences and/or Registration please indicate the number of forms you require against the appropriate licensing body for your class.

VSC \_\_\_\_\_ ASCF / VSCF \_\_\_\_\_

***Please fill in the name and address of other family members that will be under your membership.***

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Class: \_\_\_\_\_ Car No: \_\_\_\_\_ Class: \_\_\_\_\_ Car No: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Class: \_\_\_\_\_ Car No: \_\_\_\_\_ Class: \_\_\_\_\_ Car No: \_\_\_\_\_

*I hereby abide by the Rules and Regulations and the By-Laws of Drouin Speedway Inc and Social Media Code of Conduct.*

Signed No. 1 \_\_\_\_\_

Signed No. 2 \_\_\_\_\_

| Membership Fees                         |      | Bank Details for Drouin Speedway Inc |  |
|---|------|--------------------------------------|--|
| Family (2 Adults & 2 Children Under 16) | \$80 | BSB: 633 000                         | Please ensure you put your name as the reference and send a copy of the remittance to the Secretary. |
| Principle Member                        | \$60 | Account Number: 1591 03043           |  |
| Spouse/Pensioner/Under 16               | \$10 |                                      |  |

Drouin Speedway Club Reg No A5152

**Please return by post or email to: The Secretary P.O Box 408 Drouin VIC 3818 or drouinspeedway@gmail.com**

Office use only

Date paid \_\_\_\_\_ CASH / CHQ/ EFT Total paid \_\_\_\_\_

Receipt number \_\_\_\_\_ Date licence forms sent \_\_\_\_\_

Membership number \_\_\_\_\_