

ALICE SPRINGS OFF ROAD RACE CLUB INC.



APPLICATION FOR MEMBERSHIP

MEMBERSHIP

\$80.00

A 50% Discount applies before May 2011

ASSOCIATE MEMBER

\$25.00

NAME: [REDACTED]

ADDRESS: [REDACTED]

POSTAL ADDRESS: [REDACTED]

ALICE SPRINGS. N.T. 0870

Work Phone No. [REDACTED] **D.O.B** [REDACTED]

Mobile No: [REDACTED]

EMAIL ADDRESS: [REDACTED]

CAMS LICENCE NO. [REDACTED] **EXPIRY DATE:** [REDACTED]

Driver / Entrant (receives Entry Form/Supp Regs) **Yes/No.**

SIGNATURE OF APPLICANT: **DATE:** ... / ... / ...

Receipt Number..... Club Membership Number..... Card Issued.....

TO BE COMPLETED WHERE APPLICANT IS UNDER 18 YEARS OF AGE:

DATE OF BIRTH: ... / ... / ...

Parents/Legal Guardian's permission:

I being the parent/Legal Guardian of . .
..... agree to him/her becoming a
member of the Alice Springs Off Road Race Club to enable him/her to participate in race
meetings as Driver/Co-driver.

Signed: Date:
(Parent/Legal Guardian)