

# New South Wales Road Racing Club

## Membership Application

(ABN: 29 000 339 631 ACN: 000 339 631)



NSWRRC Membership Officer, PO Box 765, Narellan, NSW, 2567

Ph: 0425 436 421 Fax: 02-8079-1181 Email: [membership@nswrrc.com.au](mailto:membership@nswrrc.com.au)

Have you been a member before? Yes/No \_\_\_\_\_ Membership No. #: \_\_\_\_\_

Title (please circle) Mr Mrs Ms Other \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Res. Address \_\_\_\_\_  
Town/Suburb \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone (priv) \_\_\_\_\_ (bus) \_\_\_\_\_  
Mobile \_\_\_\_\_ (fax) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_

I hereby apply for New Membership to the above Club, and agree to abide by all the Regulations governing the Constitution of this Club and by any such amending or additional Regulations as may be implemented by this Club from time to time.

### Membership Type

Full Membership  \$50 (inc GST) Associate Membership  \$50 (inc GST)  
Joining Fee of \$25 applies to new Full & Associate memberships (inc GST)

Junior Membership  \$10 (inc GST) (Parent/Guardian Consent must be signed)  
Joining Fee of \$5 applies to new Junior memberships (inc GST)

Other Car clubs of which you are a member \_\_\_\_\_  
Your specific interests, types of events, etc. \_\_\_\_\_  
(e.g. Supersprints, State Races, National Races, Officiating, Private Practice)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Proposer \_\_\_\_\_ Mem # \_\_\_\_\_  
Secunder \_\_\_\_\_ Mem # \_\_\_\_\_

### PARENT/ GUARDIAN CONSENT – PERSONS UNDER 18 YEARS OLD

I \_\_\_\_\_ of [Address] \_\_\_\_\_ am the parent/ guardian\* of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, and have explained the contents to the minor. I consent to the minor joining the Club. (\* delete non applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to the Membership Officer with full remittance. \_\_\_\_\_

### Office Use Only

Payment Received: CHQ MO CASH CC Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Membership No: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
Board approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Processed By: \_\_\_\_\_ Date: \_\_\_\_\_