



# SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

GPO BOX 1312  
ADELAIDE SA 5001

## NEW MEMBERSHIP APPLICATION

FOR YEAR BEGINNING 1<sup>st</sup> JULY 20\_\_

FAMILY NAME \_\_\_\_\_ GIVEN NAME(s) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

Phone (wk) \_\_\_\_\_ (hm) \_\_\_\_\_ (mob) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### METHOD OF PAYMENT

Cash     Money Order     Cheque     Eftpos

#### Contact the treasurer for EFT details

Please include your Name in the reference section and e-mail the form to the treasurer.

Cheque / Money Order Payable to: South Australian Motor Racing Officials Association Inc

Do you wish to receive Emails?                      **YES / NO**

Monthly Newsletters are Emailed unless you don't have access to a computer.

Are you under 18?                      **YES / NO**    If YES, Parent / Guardian Consent is required – **PTO**

Do you suffer, or have you ever suffered from any physical or mental **disability**, which may affect your ability to work at a motor race meeting as a member of SAMROA?                      **YES / NO**

If YES, please provide a brief description over page:

Please provide Emergency Contact Details **(See Over Page)**

I AGREE to abide by the Rules and Constitution of SAMROA and AGREE that any of the above information provided by me on this Application for new membership may be used by SAMROA at its discretion.

Signature of Applicant ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nominated by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

**SAMROA is a volunteer organisation affiliated with CAMS Limited**

**EXISTING MEDICAL DETAILS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT DETAILS:**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Ph. (hm) \_\_\_\_\_ (other) \_\_\_\_\_  
(2) Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Ph. (hm) \_\_\_\_\_ (other) \_\_\_\_\_

**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 consent to "the minor" continuing as a SAMROA member and understand that each individual event he / she attends will need my continuing consent. (Consent forms will be checked on the day of officiating)

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

Parent/Guardian

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**SAMROA USE ONLY**

Approved by Committee \_\_\_\_\_ Meeting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Subscription Received - Date \_\_\_\_\_ Amount **\$40.00** Receipt No. \_\_\_\_\_  
Membership No. \_\_\_\_\_ Welcome letter sent \_\_\_\_\_ Nwsl Ed.adv. \_\_\_\_\_ Dbase \_\_\_\_\_