



SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

GPO BOX 1312
ADELAIDE SA 5001

MEMBERSHIP RENEWAL FOR YEAR BEGINNING 1st JULY 20__

**** FAMILY NAME** _____ **** GIVEN NAME(s)** _____

IF THERE HAS BEEN NO CHANGE TO YOUR DETAILS IN THE LAST TWELVE MONTHS – ENTER “NO CHANGE” IN BOX. PLEASE UPDATE BELOW IF DETAILS HAVE CHANGED.

ADDRESS _____

POSTCODE _____

Phone (Hm) _____ (Mob) _____ (Wk) _____

Fax _____ Email _____

METHOD OF PAYMENT

Cash Money Order Cheque

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 continue receiving Emails? **YES / NO**

Do you wish your Monthly Newsletter Posted or Emailed? _____

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

In the last twelve months, have you developed or continue to suffer from any physical or mental **disability**, which may affect your ability to continue working at a motor race meeting as a member of SAMROA? **YES / NO**

If YES, please provide a brief description over page.

Have your Emergency Contact Details Changed? **YES / NO**

If YES, please provide new details 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 continued membership may be used by SAMROA at its discretion.

Signature of Applicant **Date** _____ / _____ / _____

NEW / EXISTING MEDICAL DETAILS: - PLEASE UPDATE IF REQUIRED. LEAVE BLANK IF NO CHANGE.

EMERGENCY CONTACT DETAILS: - PLEASE UPDATE IF REQUIRED. LEAVE BLANK IF NO CHANGE.

(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

SAMROA USE ONLY

Subscription Received - Date _____ Amount **\$40.00** Receipt No. _____
Changes advised to Newsletter Editor _____ Dbase chkd _____