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)*** _____

PLEASE INCLUDE LICENCE GRADES SO WE MAY MAINTAIN THE RECORDS ON OUR ADMIN DATABASE.
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 _____

Licence Grades: _____

METHOD OF PAYMENT

☐ **Cash** ☐ **Cheque** ☐ **Money Order** ☐ **EFT**

Bank: Bendigo **BSB: 633000** **Account: 157234915**

When using EFT option, please ensure you include your name in the reference section. Also, a copy of this form is to be sent to Treasurer (either scan / email or post) to ensure all details are kept up-to-date.

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

Current Membership Subscription is $40.00. Please include this with your Renewal Form.

Do you wish to continue receiving Emails? **YES / NO**

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** ____/____/____

SAMROA is a volunteer organisation affiliated with CAMS Limited

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 continued 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. _____

Database Updated _____

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