



# SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

GPO BOX 1312  
ADELAIDE SA 5001

## NEW MEMBERSHIP APPLICATION

PLEASE INCLUDE LICENCE GRADES (IF APPLICABLE) SO WE MAY ENTER AND MAINTAIN THE RECORDS ON OUR ADMIN DATABASE.

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

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

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

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

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

Licence Grades: \_\_\_\_\_

### METHOD OF PAYMENT

Cash     Cheque     Money Order     EFT

Bank: **SAMROA Bendigo**                      BSB: **633108**                      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 Application. If for any reason your Application is not approved, it will be returned to you.

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

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EXISTING MEDICAL DETAILS:**

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

**EMERGENCY CONTACT DETAILS: (Parents / Family Members are preferred)**

(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" joining 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

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**SAMROA USE ONLY**

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

Approved by Committee \_\_\_\_\_ Meeting Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subscription Received - Date \_\_\_\_\_ Amount **\$40.00** Receipt No. \_\_\_\_\_

Membership No \_\_\_\_\_ Welcome Letter Sent \_\_\_\_\_ Database Updated \_\_\_\_\_