



# SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

GPO BOX 187  
KENT TOWN SA 5067  
Email: [secretary@samroa.org.au](mailto:secretary@samroa.org.au)

## FAMILY MEMBERSHIP RENEWAL FOR YEAR BEGINNING 1<sup>st</sup> JULY 20\_\_\_\_

1<sup>st</sup> 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) \_\_\_\_\_

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

2<sup>nd</sup> 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) \_\_\_\_\_

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

3<sup>rd</sup> 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) \_\_\_\_\_

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 \$45.00 for 1<sup>st</sup> family member, \$35.00 for 2<sup>nd</sup> family member, and \$25.00 for 3<sup>rd</sup> and subsequent family members. If there are more than three family members, please download and use a second copy of this form.**

|  | 1 <sup>st</sup> Family Member | 2 <sup>nd</sup> Family Member | 3 <sup>rd</sup> Family Member |
|--|-------------------------------|-------------------------------|-------------------------------|
| Do you wish to continue receiving Emails? <b>YES / NO</b>  |                               |                               |                               |
| Are you under 18? <b>YES / NO</b><br>If YES, Parent / Guardian Consent is required – <b>PTO</b>  |                               |                               |                               |
| 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? <b>YES/NO</b> |                               |                               |                               |
| Have your Emergency Contact Details Changed? <b>YES / NO</b> 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 / EXISITING 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 \$

Receipt No. \_\_\_\_\_

Database Updated \_\_\_\_\_

**SAMROA is a volunteer organisation affiliated with Motorsport Australia**