



SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

GPO BOX 187
KENT TOWN SA 5071

FAMILY MEMBERSHIP RENEWAL

FOR YEAR BEGINNING 1st JULY 20____

1st 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: _____

2nd 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: _____

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

	1 st Family Member	2 nd Family Member	3 rd Family Member
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			
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 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 CAMS Limited