

SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.

BOX 187 KENT TOWN SA 5071

Email: secretary@samroa.org.au

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	1	1	
Licence Grades:						
De verruiele te receive Empile?	VES / NO					
Do you wish to receive Emails?	YES / NO					
Are you under 18? YES /	NO If YES, Paren	nt / Guardian Cor	nsent is required –	PTO		
Do you suffer, or have you ever su	ffered from any physi	ical or mental dis	sability, which may	y affect you	r ability to work	
at a motor race meeting as a mem	ber of SAMROA?		YES /	NO		
If YES, please provide a brief dese	cription over page:					
Please provide Emergency Conta	ct Details (See Ove	er Page)				
I AGREE to abide by the Rules an by me on this Application for new					nation provided	
Signature of Applicant			Date	/	1	

SAMROA is a volunteer organisation affiliated with Motorsport Australia

EXISTING MEDICAL DETAIL	S:			
EMERGENCY CONTACT DE	TAILS: (Parents / Famil	y Members are	preferred)	
(1) Name	Addres	3		
(2) Name				
	Ph. (hm)		(other) _	
am the Parent / Guardian of the all consent to "the minor" joining as will need my continued consent.	bove-named ("the minor") v	who is under 18 ye	ears old.	
Signed	Date			
Parent/Guardian				
SAMROA USE ONLY				
Nominated by:		_ Seconded by:		
Approved by Committee			g Date	1 1
Subscription Received - Date	Amount	\$45.00	Receipt I	No
Membership No	Welcome Letter Sent		Database	e Updated