SUTH AUSTRAL S	SOUTH AUSTRALIAN MOTOR RACING OFFICIALS ASSOCIATION INC.						
NOLIN	KEI	BOX 1 NT TOWN		5071			
TRONG OFFICIALS ASS	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							
			_ POSTCO	DDE			
Phone (wk)	(hm)		(mob)				
Fax	Email						
Occupation		Date	e of Birth	/ /	_		
Licence Grades:					_		
Do you wish to receive Emails? Yes	No						
Are you under 18? Yes No	If YES, Parent /	Guardian Conser	nt is require	ed – See next page.			
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 next page:							
Please provide Emergency Contact Details (next 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	/ /			

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EXISTING MEDICAL DETAILS:						
EMERGENCY CONTACT DE	TAILS: (Parents / Fami	ly Members ar	re preferred)			
			(-4)			
			_(other)			
			_(other)			
	1 ()		_(0000)			
PARENT/ GUARD	DIAN CONSENT – PE	RSONS UNE	DER 18 YEARS OLD			
I	. of [Address]					
am the Parent / Guardian of the abo	ve-named ("the minor") w	ho is under 18 v	years old			
			each individual event he / she attends			
will need my continued consent. (Co						
Signed	Date					
Signed Date						
SAMROA USE ONLY						
Nominated hu		Seconded by:				
	Seconded by:					
Subscription Received - Date		\$45.00	Receipt No.			
Membership No	Welcome Letter Sent _		_ Database Updated			

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