



2012 WAORRA MEMBERSHIP APPLICATION



PLEASE ENSURE ALL SECTIONS BELOW ARE FILLED OUT AND ARE CORRECT

NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HOME PH: _____ MOBILE: _____

EMAIL: _____

RACE NUMBER YOU ARE ASSOCIATED WITH: _____

Are you the (please tick)

DRIVER	<input type="checkbox"/>
NAVIGATOR	<input type="checkbox"/>
PIT CREW	<input type="checkbox"/>
OFFICIAL	<input type="checkbox"/>

TYPE OF MEMBERSHIP REQUIRED (PLEASE TICK)

SINGLE (DRIVER OR NAVIGATOR)	<input type="checkbox"/>	\$50.00
FAMILY	<input type="checkbox"/>	\$100.00
ASSOCIATE	<input type="checkbox"/>	\$20.00

*FAMILY MEMBERSHIP MUST RESIDE AT SAME ADDRESS

ADDITIONAL FAMILY MEMBERS:

1. _____

2. _____

3. _____

I, AUTHORISE WAORRA TO DISCLOSE MY PERSONAL DETAILS TO OTHER RACING CLUBS AND ASSOCIATIONS IN ORDER TO RECEIVE EVENT INFORMATION

Signed: _____

OFFICE USE ONLY:

MEMBERSHIP NUMBER: _____

PAYMENT METHOD: CASH / CHQ/ MONEY ORDER / EFT