



Carnarvon Speedway Club (Inc)

P.O. Box 737, CARNARVON WA 6701

ABN: 85 072 035 445

APPLICATION FOR MEMBERSHIP 2005/2006

NAME: _____
Partner / Childrens Names: _____
ADDRESS Home: _____
Postal: _____
CONTACT DETAILS Home Phone: _____ Fax: _____
Mobile: _____

MEMBERSHIP CATEGORIES

SINGLE MEMBERSHIP: _____ \$ 60.00
DOUBLE/FAMILY MEMBERSHIP: _____ \$100.00
VOLUNTEER MEMBERSHIP: _____ \$
OFFICIAL POSITION: _____

Signature: _____ Date: _____

DRIVER DETAILS

Driver 1	Driver 2
Car No	Car No
Make/Model	Make/Model
Division	Division
Insurance #	Insurance #

St John Ambulance Membership #: _____ Current First Aid Certificate: Yes/No

Requirements to race: Full safety attire

NASR INSURANCE / WASCFC Car Registration and Driver License

OFFICE USE ONLY

Date Fees Paid: _____ Cash/Chq Amount: _____ Receipt No: _____

Membership #: _____