

SHORT CIRCUIT MOTOR SPORT ASSN.

www.scmsa.com.au

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APPLICATION OF MEMBERSHIP

INITIAL _____ RENEWAL _____

NAME:

OCCUPATION:.....

ADDRESS:

.....POST CODE.....

TELEPHONE:.....(Home)(Work)

MOBILE: E-MAIL

ANNUAL FEES:

Competitor -Short Circuit (includes SC rule book & vehicle no) (Please complete a vehicle number application as well)	\$50.00	\$.....
Competitor - Other than Short Circuit i.e. sprints	\$30.00	\$.....
Non-Competitive Member i.e. Official	\$ 5.00	\$.....

I would like to receive Supplementary Regulations for Competition for:-

Short Circuit	Off Road	4x4 Events
Rallies & Rally Sprints	Sprints	Touring Assemblies
Motorkhanas		

I, the above named hereby make application to the SHORT CIRCUIT MOTOR SPORT ASSN. for membership.

I, understand that the application does not guarantee membership.

I, agree to be bound by the rules of the constitution of the SHORT CIRCUIT MOTOR SPORT ASSN. if accepted for membership.

SIGNATURE OF APPLICANT:.....DATE...../...../.....

NOMINATED BY:.....SIGNATURE:.....
(Only required for new members)

DATE RECEIVED:.....FEE RECEIVED: YES/NO RECEIPT NO:.....

MEMBERSHIP PASSED: YES/NO DATE:...../...../.....MEMBERSHIP NO:.....

COMMENTS:.....

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