

SHORT CIRCUIT MOTOR SPORT ASSOCIATION INC

Servicing motorsport in Queensland since 1977

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SCMSA MEMBERSHIP APPLICATION FORM

Application For → New Membership Membership Renewal Upgrade to Short Circuit Competition

Please Note: There will be some small changes to how memberships will be managed this year. There will be two types of membership – A **Competition Membership for \$40.00** or a **Non competitive Membership for \$10.00 ie officials etc.**

- The \$40.00 competition fee will allow a competitor to compete in the Sprint events.
- To compete in Short Circuit Touring Car events competitors will have to pay an additional fee of \$20.00 to cover the cost of managing competition numbers and log book allocation. The total cost to a Short Circuit event competitor will be \$60.00.
- Each member will be issued a membership card for the year.
- Any competitor who is a member of another Club who wished to compete in a Short Circuit Touring Car event has to be a member of the SCMSA and have paid the Short Circuit fee. Cost will be \$60.00.

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE NUMBER (night) _____ (work) _____ (mobile) _____

EMAIL: _____

Membership Categories	Membership Fees	Please indicate the Membership you require
Competitor - Short Circuit (includes SC Rule Book, Competition No and SC Log Book if applicable) Pays membership plus Short Circuit fee. \$40.00 + \$20.00 (Competitors must also complete a Competition No Application)	\$60.00	<input type="checkbox"/>
Upgrade to Short Circuit Competition (if already a SCMSA competitor member)	\$20.00	<input type="checkbox"/>
Competitor - Other than Short Circuit i.e. Sprints etc.	\$40.00	<input type="checkbox"/>
Non-Competitive Member i.e. Official	\$10.00	<input type="checkbox"/>

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.

SIGNATURE OF APPLICANT _____ DATE ____/____/____

NOMINATED BY _____ SIGNATURE _____
(Only required for new members)

Payments to be made by Direct Deposit: BSB 034 221 Account Number: 231094 Reference: Your name and "membership"

Please complete this form and email to: secretary@scmsa.com.au

Official Use _____

DATE ____/____/____ FEE RECEIVED: YES NO AMOUNT PAID \$ _____ RECEIPT NO. _____

MEMBERSHIP APPROVED YES NO DATE ____/____/____ MEMBERSHIP NO _____