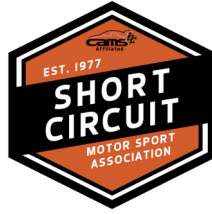


SHORT CIRCUIT MOTOR SPORT ASSOCIATION INC

Servicing motorsport in Queensland since 1977

President: Mr Derek Pingel
Secretary: Mr Kevin Hunter
Treasurer: Ms Michelle Mugliett
ABN 52 502 752 630
www.scmsa.com.au



PO Box 2456
Toowoomba Qld 4350
Mobile: 0409 270 430
secretary@scmsa.com.au
Memberships: Pat Murray
Mobile: 0428 737 139
membership@scmsa.com.au

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)

If you are paying by cheque please make payable to the S.C.M.S.A. (Short Circuit Motor Sport Assn.)

Payments can be made by EFT: BSB: 034 221. Account Number: 231094. Reference: Insert your name

If paying by EFT then completed forms can be emailed to: membership@scmsa.com.au

Please return this completed membership application to the SCMSA Membership Officer

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

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

COMMENTS:.....

.....