**APPLICATION/RENEWAL OF MEMBERSHIP**

**for the SPEEDWAY SIDECAR RIDERS**

**ASSOCIATION OF VICTORIA inc.**

**P.O. Box 5511, Studfield. Victoria. 3152.**

**Ph – 0412 665 191**

**Email – webmaster@ssrav.org.au**

**Website –** [**www.ssrav.org.au**](http://www.ssrav.org.au)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

 (Address) (Suburb) (State) (Postcode)

desire membership of the Speedway Sidecar Riders Association of Victoria incorporated.

In the event of my ***APPLICATION/RENEWAL*** as a member being accepted, I agree to be bound by the rules of the Association for the time being in force.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

The Committee on \_\_\_\_\_\_\_\_\_\_\_\_\_ accepted/rejected the application of the above membership.

(Date)

Endorsed by-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Secretary) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Treasurer) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

AH Phone - ( ) BH Phone - ( )

Mobile - Fax - ( )

Email -

**Membership** – (place an X in the appropriate level of membership)

( ) - **Full Membership - $50** – (for points and full benefits to all club point score meetings)

( ) - **Social Membership - $40** – (for Mechanics etc)

( ) - **Junior Membership - $25** – (for members under the age of 16yrs)

( ) - **Family Membership - $80** – (4 members – 1 Full, 1 Social, 2 Junior members only)

**Family Membership – extra members** - (other than the abovementioned applicant)

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**( ) - First Time. ( ) - Renewal.**

**Upon completion, please forward to – Treasurer, P.O. Box 5511, Studfield. Victoria. 3152. Thank you.**