



2016-17 MEMBERSHIP FORM

MEMBERSHIP TYPE: BASIC SINGLE \$30 BASIC FAMILY \$50
 DELUXE SINGLE \$50 (inc 2 single passes) DELUXE FAMILY \$80 (inc 2 family passes)
 LIFE MEMBER

DIRECT DEPOSIT: ROSEDALE SPEEDWAY BSB: 013-735 ACC NO: 302 577 622 USE SURNAME AS REFERENCE

NAME: _____ **DOB:** _____
 DRIVER PITCREW OFFICIAL SPECTATOR

ADDRESS: _____

TOWN/CITY: _____ **POSTCODE:** _____

PHONE/MOBILE: _____ **OCCUPATION:** _____

EMAIL: _____
 Please consider, tick if you would allow us to send newsletters/correspondence via email

YEARS OF MEMBERSHIP WITH RSA: _____

FAMILY MEMBERSHIPS ONLY

FAMILY MEMBERS	DOB	PLEASE TICK
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW

WILL YOU BE REGISTERING A CAR THROUGH ROSEDALE? YES NO

IF YES: CLASS _____ CAR NO# _____

PLEASE INDICATE WHAT PAPERWORK AND HOW MANY YOU REQUIRE:

LICENCE: VSC **REGISTRATION:** VSC ASCF **PITPASS:** VSC
INSURANCE: Accident Fund Speedway Australia - online at www.speedwayaustralia.net.au

I _____ hereby apply to become a member of Rosedale Speedway Association Inc. and promise, if accepted to faithfully observe the rules and regulations of R.S.A. and the VSC/VSCF/ASCF. The committee of Rosedale Speedway Association Inc. reserves the right to decline or cancel any membership for any serious breach of any rules or regulations - club, state or federal. I furthermore agree for the RSA Inc to provide my contact details to other associations in order for me to obtain information of race meeting etc.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

IF UNDER 18, PARENTAL SIGNATURE REQUIRED: _____

PLEASE PRINT NAME OF PARENT: _____

ACCEPTED: _____ **DECLINED:** _____ **DATE:** _____ **REC NO:** _____
PAYMENT TYPE: CASH CHQ DIRECT DEPOSIT