



2020-2021

MEMBERSHIP FORM

ROSEDALE SPEEDWAY ASSOCIATION INC. REG NO. A0015124Y ABN.84491847 PO BOX 447 MORWELL 3840

MOBILE.0473255064 (NOT FOR COMPLAINTS) EMAIL rosedalespeedway@gmail.com

DIRECT DEPOSIT: ROSEDALE SPEEDWAY BSB 633000 ACC NO. 165 610 288 (USE YOUR SURNAME FOR REFERENCE)

ALL PERSONS AGED FROM 16+ YEARS REQUIRE THEIR OWN MEMBERSHIP

- Membership options: BASIC SINGLE \$30, DELUXE SINGLE \$50, BASIC FAMILY \$50, DELUXE FAMILY \$80, LIFE MEMBER, I was a 2019/2020 member (50% off)

PLEASE PRINT IN FULL

NAME _____ D.O.B _____ (MUST BE INCLUDED)

TICK WHICH APPLIES: DRIVER [] PITCREW [] OFFICIAL [] SPECTATOR [] TICK IF PAPERWORK REQUIRED [] DOWNLOADED ONLINE []

ADDRESS: _____

TOWN/CITY: _____ POSTCODE: _____ PHONE/MOBILE: _____

OCCUPATION: _____ MEMBER OF ROSEDALE SPEEDWAY SINCE (YEAR) _____

EMAIL: _____ [] TICK IF ALLOW CORRESPONDANCE VIA EMAIL

FAMILY MEMBERS: MUST INCLUDE D.O. B DO YOU REQUIRE ANY MEDICAL FORMS [] YES [] NO (CAN BE DOWNLOADED ON VSC SITE)

Table with 3 columns: FAMILY MEMBER, D.O.B., TICK WHICH AND IF PAPERWORK REQUIRED. Includes rows for DRIVER, PITCREW, and NON.

WILL YOU BE REGISTERING YOUR CAR THROUGH ROSEDALE [] YES [] NO DO YOU NEED PAPERWORK [] YES [] NO- DONE ON LINE

CLASS _____ CAR NUMBER _____

ALL VSC FORMS AVAILABLE ONLINE AT https://vsc.org.au/ and SPEEDWAY AUSTRALIA IS WWW.SPEEDWAYAUSTRALIA.NET.AU

I _____ hereby apply to become a member of Rosedale Speedway Association Inc and if accepted I/We (listed above) will 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/We agree for the R.S.A. Inc. to provide my details to other associations for me to obtain information of race meetings etc.

SIGNATURE OF APPLICANT _____ DATE _____

IF UNDER 18 PARENTAL SIGNATURE IS REQUIRED _____

PRINT NAME OF PARENT _____

PLEASE COMPLETE ALL REQUIRED AREAS IN FULL OR WILL NOT BE VALID AND RETURNED

OFFICE USE ONLY

DATE _____ REC NO _____ ACCEPTED/DECLINED PASS/PASSES NO/S _____ F/S

PAYMENT TYPE: [] CASH [] DIRECT DEPOSIT [] CHEQ/MONEY ORDER NO: _____ PROCESSED _____