



# 2021-2022 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](mailto: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**

BASIC SINGLE \$30  DELUXE SINGLE \$50 (WITH 2 SINGLE PASSES)

BASIC FAMILY \$50  DELUXE FAMILY \$80 (WITH 2 FAMILY PASSES)

LIFE MEMBER

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)

FAMILY MEMBER	D.O.B.	TICK WHICH AND IF PAPERWORK REQUIRED
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW <input type="checkbox"/> NON
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW <input type="checkbox"/> NON
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW <input type="checkbox"/> NON
_____	_____	<input type="checkbox"/> DRIVER <input type="checkbox"/> PITCREW <input type="checkbox"/> 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](http://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 \_\_\_\_\_