



MEMBERSHIP - SEASON 2011/2012

****PLEASE PRINT ALL DETAILS**

SURNAME:.....

CHRISTIAN NAME:.....

ADDRESS:.....

.....POSTCODE:.....

PHONE NUMBER:.....MOBILE NUMBER:.....

EMAIL ADDRESS:.....

NEXT OF KIN:.....PHONE NUMBER:.....

DO YOU HAVE ANY MEDICAL ALLERGIES? YES/NO

IF YES , please describe?:.....

APPLYING FOR MEMBERSHIP FOR:

DRIVER:.....COMMITTEE:.....SOCIAL:..... (please tick)

CAR INFORMATION and STATUS

CAR NUMBER:.....DIVISION:.....

I,..... do hereby apply for a full season membership at the above club, I agree to abide by the Rules and Constitution of the Charlton Raceway Inc., and all Racing Rules, Regulations and Specifications.

SIGNED:.....DATE:.....

IF UNDER 18, CONSENT OF PARENT OR GUARDIAN MUST BE OBTAINED

SIGNATURE OF PARENT OR GUARDIAN:.....DATE:.....

Office Use Only:

RECEIPT NUMBER:.....PAID CASH/CHEQUE \$.....