

Full details: (to be completed in BLOCK LETTERS please)

## **Southern District Motorsports Association Inc.**

PO Box 1484, Queanbeyan NSW 2620



## New membership application

Title: Name:					
Address:					
Suburb/town:		State:	Postco	de:	
Tel: (H)	(M)		DOB	_/_	_/
Email:					
Correspondence/newsletter reference Membership type (valid 12 months)  \$55.00 Individual  \$75.00 Family (defined as mem)  Official (non-competitive – requ)  \$15.00 Day (available twice in a Paid by: Ca) Family members included in the apolony  1)	ibers of the same fa uired to officiate at any 12-month period ash  Cheque P plication: 	mily residing at the s minimum of three ev I to a member of a N ostal order	rents pe 1A affilia ]	r yea	or) club)
I,(Signature of the association and agree to adh	gnature) declare the that all persons cov	above details to be vered by this applicat	correct tion sup	and, port	in
	Acc: 153212766 Cheque/money of 6263 O'Connor A	Name: SDMA rders: Please make p CT 2602			OMA
MEMBERSHIP FUNDS RECEIVED Name of member:	Oi r: Individual ☐ Fam	ly □ Official □ Day	☐ Date	e: /	1
Southern Dis	strict Motorsp	orts Associatio	n Inc.	\\	
This receipt is proof thattheir membership subscription to the subscription to	ne Southern District the provision of the	whose signature a Motorsports Associaeir membership card	ppears ition for	belov the	

www.sdmahillclimb.com