



**COFFS HARBOUR & DISTRICT
SPORTING CAR CLUB INC.**
A Motorsport Australia affiliated club



APPLICATION FOR MEMBERSHIP

Name in full (Print): _____
Address (Print): _____
City/Town: _____ Postcode: _____
Phone: _____ Date of Birth: _____
Email: _____
Applicant Signature: _____ Date: _____

The above hereby applies to become/continue as a member of the Coffs Harbour and District Sporting Car Club and requests their name be placed on the register of members accordingly.
In consideration of their election to membership, the above agrees to be bound by the club constitution and rules as amended from time to time in force and realises that their membership may be canceled at any time as considered appropriate by the committee of the club.

Do you consent to your email address being added to the club's email list? We will only use your email to contact you regarding club matters, such as upcoming events. Please select/tick:
Yes No
Do you currently have a Motorsport Australia Drivers or Officials licence? Please select/tick:
Yes No

MA licence no: _____ MA licence types: _____

Please list names of family members to be covered by membership (if applicable):

Partner: _____ Date of birth: _____
Children: _____ Date of birth: _____
(12 to 17 years of age) _____ Date of birth: _____
_____ Date of birth: _____
_____ Date of birth: _____

Type of membership required:

Single:	1yr: \$30	2yr: \$50	3yr: \$65
Couples/Family:	1yr: \$40	2yr: \$70	3yr: \$90
Junior:	1yr: \$15		

Please note that memberships expire on the 31st December each year.

NEW MEMBERS ONLY

NAME of Member Proposing (Print): _____
NAME of Member Seconding (Print): _____
SIGNATURE of Proposer: _____
SIGNATURE of Seconder: _____

**This form (once completed, even without Proposers) may be submitted:
via a Club Member,
at a Club Meeting or Event, or
via email to
mickmorley@outlook.com**

**Electronic payment to be made to:
Coffs Harbour & District Sporting
Car Club Inc.
BSB: 533 000
ACC: 32823619
Reference: Your surname**