

South Coast Drag Racing ASSOCIATION

2011 - 2012 Membership Application Form

Membership No.: _____

I desire to become a member of the South Coast Drag Racing Association Inc. In the event of my admission as a member, I agree to be bound by the rules and regulations of the SCDRA for the time being in force.

Name : _____ D.O.B : ____/____/____

Address : _____

Occupation/Business : _____

Telephone: Home _____ Work _____ Mobile _____

Email _____

If you are an owner or driver complete the following : Car / Bike

Make : _____ Model : _____ Year : _____

Class : _____ Bracket : _____ Vehicle Name : _____

ANDRA License No.: _____

Family Details (information used for social purposes only)

Spouse : _____ D.O.B : ____/____/____

Children - Name : _____ D.O.B : ____/____/____

Name : _____ D.O.B : ____/____/____

Name : _____ D.O.B : ____/____/____

- \$80 - Single - (1 Card)
 \$100 - Family - (2 Cards)

- As a club member you can receive a copy of the SCDRA monthly meeting minutes.
Tick this box if you would like to receive a copy (must provide email address above!)

Correspondence to: The Secretary
South Coast Drag Racing Association
PO Box 734
Portland, VIC
3305

Paid by: Cash Cheque Direct Deposit

Please make cheque payable to "South Coast Drag Racing Association"

Direct Deposit: St. George Bank
South Coast Drag Racing Association
BSB - 113-879 Acct No. - 123860861

For Direct Deposit please include in the reference your full name and the word "Member"