

# South Coast Drag Racing Association

## 2015 - 2016 Membership Application Form

Verified Paid  Cards Sent

Membership No. \_\_\_\_\_

Do not fill this in it is for office purposes only

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 - Family Membership covers children U18 only)

**\*\*\*\*Note - A copy of this form must be completed and returned with payment\*\*\*\***

Return form to: Membership Officer  
South Coast Drag Racing Association  
PO Box 734  
Portland, VIC  
3305

Paid by:  Cash  Cheque  Direct Deposit

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 name and the word "Member"

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

The SCDRA needs volunteers to help run our track, assistance in any area would be greatly appreciated

I would like to help out as a volunteer in the:  Canteen  BBQ  Track  Gate