

South Coast Drag Racing ASSOCIATION

2017 - 2018 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 : _____

Town : _____ P/Code : _____

Mobile: _____ Occupation/Business : _____

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 : ____/____/____

\$50 - Single - (1 Card)

\$80 - 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