Queensland Radio Circuit Car Racing Association inc.



Membership Application For Year Of ____

Name:		Date:		
Date of Birth:	Email:			
Address:				
Phone: (H)	(M)	(W)		
Membership type				
	From	То	Amount	
□ Single \$120/yr	1/07/	30/06/	\$	
□ Junior \$80/yr	1/07/		\$	
☐ Family \$140/yr	1/07/		\$	
□ Key deposit		\$25		
		Total	\$	
I have read, understood, and Member signature: Date:				
Privacy information: Your person third parties, including other club with QRCCRA to determine your names be supplied to RCRA for the disclosed to other clubs, businesses	os and governing bodies (RCRA eligibility to enter certain sanc his purpose. Members' detailed) will request confirma tioned events. It is a re	tion of your financial membership equirement that a list of members	
Hand this signed form to you inc. P.O.Box 5152. Brendale	•	e, a committee men	nber, or post it to QRCCRA	
Payment can be made in cas	h or direct deposit to:			
Acc Name: QRCCRA inc.	Acc No: 00901864 BSB:	064155		
Office Use:				
Member Name:	Key No:			
Payment method:		Date:		
QRCCRA Officer:	Signed:			