



## MEMBERSHIP APPLICATION 2010/2011

Adult Single  Family  Student/Junior  Pensioner/Concession

Please tick one applicable Membership type. *Please Note: Proof of entitlement is required for Student/Pensioner/Concession membership.*

**Personal Details**

Surname or Family Name			
Given Name			
Family Members Given Name			
Street Address			
Suburb			
State		Post Code	
E-Mail Address			

*Note: All joining members/family members are required to sign acknowledgement of below statement. Persons under the age of 16 years require Parent or Guardians signature to accompany their own.*

I / We agree to abide by the constitution and rules of the Membership of the Act Model Car Racing Club Inc. as amended from time to time.

Parent/Guardian Sign:  Date:

**Family Members:**

Given Name:	Signature	Given Name:	Signature
Given Nam:	Signature	Given Name:	Signature

Single	\$45.00	<input type="checkbox"/>
Family	\$60.00	<input type="checkbox"/>
Student/Junior	\$30.00	<input type="checkbox"/>
Pensioner/ Concession	\$30.00	<input type="checkbox"/>

**This form to be handed to the club Treasurer or Posted to:**

**The Secretary.**  
**P.O.Box 151**  
**Dickson**  
**ACT 2602**

Club Account Details for Direct Deposit:

**ACT Model Car Racing Club**  
**BSB: 112-908**  
**A/C no: 043925513**  
 Please E-Mail copy of Membership form to:  
[treasurer@actmrc.org.au](mailto:treasurer@actmrc.org.au)

*Office Use only*

Fee paid: \_\_\_\_\_ Cash, Cheque, Money Order Or Direct deposit \_\_\_\_\_

Membership Number: \_\_\_\_\_ Membership Card issued \_\_\_\_\_ Membership List Updated: \_\_\_\_\_