



arungapark@outlook.com

MEMBERSHIP APPLICATION/ RENEWAL

FULL MEMBERSHIP \$60	JUNIOR MEMBERSHIP \$30	FAMILY MEMBERSHIP \$150
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Family name		Given name	
Date of birth		Residential address	
Postal address		Email address	
Phone number			

COMPETITORS ONLY

Race division/s		Ambulance cover number	
Next of kin		Relationship	
Phone number			

NOTE: All competitors are required to have St John Ambulance Cover or have adequate Private Health Cover.

Arunga Park Speedway Association will not be responsible for costs incurred by routine or emergency transport to the Hospital.

PERSONAL DETAILS DISCLOSURE

I AGREE TO ALLOW ARUNGA PARK SPEEDWAY ASSOCIATION INC TO DISCLOSE MY PERSONAL DETAILS. Yes No

AGREEMENT OF TERMS

I AGREE TO ALLOW THE ARUNGA PARK SPEEDWAY ASSOCIATION INC TO DISCLOSE MY PERSONAL DETAILS TO OTHER CLUBS OR ENTITIES FOR THE BENEFIT OR PROMOTION OF THIS CLUB.

UPON ACCEPTANCE OF THIS APPLICATION I AGREE TO UPHOLD THE RULES AS SET OUT IN THE ARUNGA PARK SPEEDWAY ASSOCIATION INC CONSTITUTION AND THE ARUNGA PARK SPEEDWAY ASSOCIATION INC SUPPLEMENTARY RACE RULES AND REGULATIONS.

SIGNATURE OF APPLICANT : _____ DATE : _____

PARENT CONSENT FOR APPLICANTS UNDER 18 YEARS OF AGE

AS THE PARENT / LEGAL GUARDIAN OF [Click or tap here to enter text.](#) I HEREBY AUTHORISE FOR MEMBERSHIP OF THE ARUNGA PARK SPEEDWAY ASSOCIATION INC AND GIVE PERMISSION FOR THEM TO PARTICIPATE IN THE ACTIVITIES OF THE CLUB.

NAME OF PARENT/GUARDIAN : _____ SIGNATURE : _____

ADDRESS : _____ DATE : _____

NEW MEMBER NOMINATED BY : _____ SIGNATURE : _____

NEW MEMBER SECONDED BY : _____ SIGNATURE _____

Please provide a passport sized headshot photo for your membership card to Sam Tebeck at Battery City or email your photo to samtebeck@hotmail.com.



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FAMILY MEMBERSHIP

Family membership consists of 2 adults and all children under the age of 16 years in the **immediate** family.

Family name	Given name	Date of birth

SUPPORTING OUR CLUB

Our club relies heavily on the generosity of volunteers and members. Please select in which areas you or your crew can help.

<input type="checkbox"/>	Canteen work	<input type="checkbox"/>	Sign in	<input type="checkbox"/>	Track entry gate crew
<input type="checkbox"/>	Race night officials	<input type="checkbox"/>	Track preparations	<input type="checkbox"/>	Working bees
<input type="checkbox"/>	Entry gate crew	<input type="checkbox"/>	Push car driver	<input type="checkbox"/>	Fundraising activities

Please email completed form to arungapark@outlook.com for invoicing (to pay by credit card or EFT) or make payment in cash or cheque in person to ASMR – Ghan Road, Alice Springs

COMMITTEE USE ONLY

Date received		Accepted at committee meeting	
Membership officer signature		Membership number issued	