

# 2021 MEMBERSHIP APPLICATION FORM

## SUNRAYZIA MOTOR SPORTS CLUB INC.

(please complete all green shade areas)

NEW

RENEWAL

MEMBERSHIP TYPE

AFFILIATE (\$50)

SINGLE (\$70)

FAMILY (\$90)

### MEMBER DETAILS

#### FAMILY NAME:

Given Names

Date of Birth

Membership No.

1.

2.

3.

4.

5.

#### CONTACT INFORMATION:

Postal Address:

City:

State:

Post Code:

Contact Phone:

Email:

#### ALTERNATE CONTACT PERSON (IF DESIRED, FAMILY MEMBERSHIPS ONLY)

Do you have a current Ambulance Fund membership? (please provide copy)

YES

NO

### PAYMENT

RETURN COMPLETED FORM VIA POST OR EMAIL WITH PAYMENT MADE OUT TO SUNRAYZIA MOTOR SPORTS CLUB INC.

DIRECT DEPOSIT

BSB: 633 000  
ACCOUNT NO: 157 004 052

PLEASE ADD YOUR FIRST INITIAL AND SURNAME AS REFERENCE  
& EMAIL YOUR PAYMENT REMITTANCE TO  
[secretary.sunraysiamotorsports@gmail.com](mailto:secretary.sunraysiamotorsports@gmail.com)

POSTAL

The Secretary  
PO Box 2064  
Mildura, VIC 3502

### TERMS

Family membership is 2 adults and 3 children under 16 years of age.

Single membership is anyone 16 or over as at 1<sup>st</sup>. January, 2021.

Membership is valid for the period of 1<sup>st</sup>. April 2021 to 31<sup>st</sup>. December 2021. Reduced rate and time period in response to COVID19 effects 2020.

Communications will only be sent to the No 1. person listed in Family Memberships, unless otherwise requested.

Affiliate memberships will have no voting rights.

Once finalised you will be issued with a Membership Card.

### SIGNATURE

Applicant Signature:

Date:

### OFFICE USE ONLY

DATE RECEIVED

AMOUNT RECEIVED

ENTERED INTO REGISTER

MEMBER  COMMUNICATIONS

CARD ISSUED

YES