

SOUTH AUSTRALIAN BLOKART CLUB Inc.

MEMBERSHIP APPLICATION / RENEWAL FORM



Name

Address

Phone Home
Mobile

Email

Date of Birth / /

Gender M / F

Wife/husband/partner First name:

Club Membership Number (if applicable)

Tick box

Membership Type	Full	\$85.00	<input type="checkbox"/>
	Junior	\$50.00	<input type="checkbox"/>
	Associate	\$30.00	<input type="checkbox"/>

Non Racing

Fee can be paid by either Cash, Cheque or Bank Deposit.
Send this Membership form (scanned) to the Treasurer upon completion.

Club Bank Details; Bank- Commonwealth,
BSB - 065 151, Account No.-1048 2509

NOTE: Membership fees valid, July 1st to 30th June inclusive.
Fees include access to ABA and IBRA sanctioned events and Public Liability Insurance at any sanctioned or Club events.

*Please note that any information on this form are confidential and for Club records only and will not be shared with any person(s), associations or companies.
I hereby agree to be bound by the rules of the Association for the time being in force.*

Signed: _____

Date: _____ / _____ / _____