



P.O. Box 90  
Hindmarsh, S.A. 5007

Treasurer: Bob Glynn  
Phone: 8263 9133

## APPLICATION FOR MEMBERSHIP

(Please use **BLOCK** letters)

**NAME:** .....

**ADDRESS:** .....

..... **POSTCODE:** .....

**TELEPHONE NO:** (Home) ..... (Work) .....

**OCCUPATION:** ..... **DATE OF BIRTH:** / /

**EMPLOYER:** .....

**DO YOU HOLD A MOTORCYCLING AUSTRALIA LICENCE?** Yes/No **EXPIRY DATE**.....

**MAIN INTERESTS IN MOTORCYCLE SPORT:** .....

.....

.....

**TYPE(S) OF MOTORCYCLES OWNED:** .....

.....

.....

**OTHER INTERESTS/HOBBIES:** .....

.....

I hereby apply for membership of the Historic Motor Cycle Racing Register of S.A. and do hereby agree to be bound by its Rules and Constitution.

**SIGNATURE:** \_\_\_\_\_

**DATE** / /

**\*\* Please enclose \$40 for single m/ship; \$50 family m/ship \*\* (including \$10 joining fee)  
Cheques to be made payable to H.M.C.R.R.S.A.**