



APPLICATION FOR MEMBERSHIP OF:

944 Challenge Racing Association Inc

I, _____, wish to become a member of the
(Name)

944 Racing Association Inc. Upon acceptance of this application as a member, I agree to be bound by the rules of the Association for the period they are enforced.

Signature of Applicant

Date

I, _____, a member of the Association,
(Name)

Nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer

Date

I, _____, a member of the Association, second
(Name)

The nomination of the applicant, who is personally know to me, for membership of the Association.

Signature of Seconder

Date

Applicant's Details:

Postal Address:

Email Address:

Mob:

BH:

AH:

Membership Fee: \$200.00 Paid By:

Cheque:

Payable to: 944 Racing Association Inc

Cash:

Direct Deposit:

BSB 033 180 Account No: 151332

Mail: Secretary, 944 Racing Association, c/o 5 Maple Court, Cheltenham, Vic. 3192
e-mail: clw@netspace.net.au