

2022/2023 MEMBERSHIP APPLICATION FORM

Name:		Surname:				
Phone:	Date of Birth:					
Street:						
Suburb:			State:	Post Co	de:	
Email:						
Class:	Preferred Car #:					
Membership Type:	(please tick new or renewal and which mem	bership)				
	New:	P	Renewal:			
	☐ \$60 – Family (2 Adults	and Kids U18y	rs residing at ho	me, not driving)		
	☐ \$25 – Single					
	☐ Junior (10-16yrs driver)					
	☐ Life Member					
Family Membership	o Details:					
Chairear				Date of Birth:		
Child:				Date of Birth:		
Child:				Date of Birth:		
Child:			_	Date of Birth:		
Child:				Date of Birth:		
Do you require pap	erwork for pit crew or licence					
		Driver	Pit Crew	<u>No</u>		
	VSC:					
	VSCF:					
	Club Permit Rego (\$30)					
	PAY	MENT DET	AILS			
	Direct Deposit:			Credit Card:		
BSB: 633 000			Card #:			
Acct#: 120 911 961 Acct Name: NYORA RACEWAY INC.			Exp Date:		CCV:	
	Sig	Signature:				
	ers payable to: Nyora Raceway		_			
It pay	ring by cheque or money orde				ent to:	
	24 Melinga Creso		lington VIC	3931		
	Email: <u>nyoras</u>	Or peedway@v	vahoo.com.a	au		
Signature of Applica						
Signature of Applicant: Date: Form to be completed and returned to THE SECRETARY for membership to be valid						
For	m to be completed and returned	to THE SEC	RETARY for	membership to be	· valid	
OFFICE LISE ONLY						

Payment Date: _____ Payment Method: _____ Member #: ____