

2025/2026 Membership Application Form

Name				
First:		Surname:		
Address				
Stroot:				
Suburb:		State:	Post Code:	
Date of Birth	Phone		Email	
Class		Preferred Car #		
Membership Type (please tick new ☐ Renew				
☐ Family (2 Adults and Kids U18yrs residing)	at home, not driving) - \$70			
☐ Single – \$30	-			
☐ Junior (10-16yrs driver)				
☐ Life Member				
Family Membership Details	;			
Spouse:			Date of Birth:	
Child:			Date of Birth:	
Child:			Date of Birth:	
Child:			Date of Birth:	
Child:			Date of Birth:	
Do you require paperwork				
VSC		VSCF		
□Drive	r	□Driver		
□Pit C	rew	☐ Pit Crew		
□No		□No		
Payment Details				
Direct Deposit		Credit Card		
BSB: 633 000		Card #:		
Acc #: 120 911 961	_	Exp Date:	CCV:	
Acc Name: NYORA RACEWAY IN Cheque/Money orders payable to: Nyora		Signature:		
If paying by cheque or money orde	r, please return form along v			
27 Earlston Circuit, Cranbourne V	IC 3977			
Or Email: nyoraspaedway@yahoo co	m au			
Email: nyoraspeedway@yahoo.co	<u>III.au</u>		5 ·	
Signature of Applicant			Date	
Form to be completed and retu	rned to THE SECRETARY 1	for membership to be v	 alid	

Payment Date: ______ Payment Method: _____ Member #: _____

OFFICE USE ONLY