



TEMRA MEMBERSHIP FORM (RACING)



Membership Type

Family* Racing (Yearly) (\$200) <input type="checkbox"/> <small>*(Family is 2 adults and any children under 16 or a couple as per the law)</small>	Single Person* Racing (Yearly) (\$100) <input type="checkbox"/> <small>*Single is over 16</small>	Single Race Meeting Membership (\$30) <input type="checkbox"/> <small>*(Family is 2 adults and any children under 16 or a couple as per the law) ** Single is over 16</small>	Pit Crew* (Yearly) (\$80) Associated with which car <input type="checkbox"/> <small>*(Any person who is a pit crew and not under a family membership must become a member in their own right)</small>	Pit Crew* (Single Meeting) (\$15) Associated with which car <input type="checkbox"/> <small>*(Any person who is a pit crew and not under a family membership must become a member in their own right)</small>
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Racing Details

Vehicle Name _____	Vehicle # _____	Class _____
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Family Details

** Pit Crew (max 4 per team including driver and or co-driver)

Family Member Name	First Name: _____	Surname: _____
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CAMS LIC # _____	Expiry Date ___/___/___	DOB ___/___/___
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Please tick the applicable box	Driver <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pit Crew <input type="checkbox"/>	Other <input type="checkbox"/>
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Family Member Name	First Name: _____	Surname: _____
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CAMS LIC # _____	Expiry Date ___/___/___	DOB ___/___/___
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Please tick the applicable box	Driver <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pit Crew <input type="checkbox"/>	Other <input type="checkbox"/>
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Family Member Name	First Name: _____	Surname: _____
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Please tick the applicable box	Driver <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pit Crew <input type="checkbox"/>	Other <input type="checkbox"/>
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Family Member Name	First Name: _____	Surname: _____
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Please tick the applicable box	Driver <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pit Crew <input type="checkbox"/>	Other <input type="checkbox"/>
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Contact Details

Mobile: _____	Home: _____	Email: _____
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Postal: _____	
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Occupation (Applicant)	
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Applicants Signature <small>Parent/Guardian to sign if applicant is under 18</small>	
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Payment Details

Note: Membership is for One (1) Club financial year (1 May to 30 April)

EFT <input type="checkbox"/>	Use full name as reference & e-mail the form to peter.donovan@mtant.com.au or post (PO Box 1236 Howard Springs NT 0835) National Australia Bank Top End Mud Racing Association BSB: 085 933 A/C:123 035 908
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Credit Card <input type="checkbox"/>	Card # _____	Exp Date ___/___/___	CCV # _____
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	Name On Card _____	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
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EFTPOS <input type="checkbox"/>	
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Cash <input type="checkbox"/>	
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Office Details

Date Received	___/___/___	Cash Banked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Receipt No	Membership No
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Details Checked By	Comments
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