

# Motorcycle Racing Club WA Inc.

Clubrooms / Office

U 5 51 Berriman Dr, Wangara WA 6065  
Telephone 9409 1002 (Message service)  
Email admin@mrcrwa.com.au Web [www.mrcrwa.com.au](http://www.mrcrwa.com.au)

Postal Address

PO Box 116  
Wanneroo WA 6946

Membership Expiry 31 December 2020

## 2020 Membership Application Form

New  Renewal 2019  Title Mr / Mrs / Miss Date of Birth

First Name  Surname

Postal Address

Suburb  Post Code

Mobile  Email

Occupation

Indicate mail you  
require and how you  
wish to receive it

Email  Post

Newsletters

Supplementary  
Regulations

Entry Form

Remittance Fee Solo Rider  Sidecar Rider  Sidecar Passenger

Full Financial Member (Competition)	\$120		\$
+ New member nomination fee (Competition) if applicable	\$30		\$
Associate Member (non-competitive)	\$60		\$
+ New member nomination fee (non-competitive) if applicable	\$15		\$
Junior Member (Competitive) 16 yrs and under	\$60		\$
+ New member nomination fee	\$15		\$
Associate Member (Official, Crew, Social Supporter)	\$30	No voting rights	\$

### Payment Options

EFT Payment: BSB 306 057 Account no. 544 0030 MCRCWA (please email remittance notice.)

Please deduct the amount from my credit card:  Visa  Mastercard

Card number  /  /  /  Expiry  /  Amount  \$ Cardholder's Name / signature

### Agreement

I agree to abide by the Motorcycle Racing Club of WA (Inc.) Constitution and By-Laws.

**Applicants Signature** X  Date

Proposed  Seconded

### Office Use Only

Membership #  Posted  Mail Requirements  Medical  Database  Mailchimp

**Compulsory Medical Information –Competitors/ Officials/Ridedays members. Please print clearly. All details are held strictly confidential.**

**Racing Number**

Surname  First name

Date of Birth  Allergies

Conditions  Do you have ambulance cover Yes  No

Next of Kin  Relationship  Ph No.