



## APPLICATION FOR RACING MEMBERSHIP 2019

Membership Year 1/4/2019 to 31/3/2020

RACING MEMBERSHIP	QTY	COST
SENIOR DRIVER – includes voting rights		\$50.00
JUNIOR DRIVER		\$25.00

Driver membership will only be granted to drivers that hold a current Speedway Australia racing insurance card within the nominated racing division. Single gate entry per racing membership.

FULL NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

INSURANCE CARD NO: \_\_\_\_\_ AMBULANCE NO: \_\_\_\_\_

**The Broome Speedway Club ensures that ambulance cover is available on our premises during race meetings for all patrons/insured persons. If transport from our track is required, this becomes the responsibility of the patron/insured person.**

NOMINATED DIVISION: \_\_\_\_\_ RACE NO: \_\_\_\_\_

CAR/BIKE MAKE/MODEL \_\_\_\_\_

I hereby apply for Broome Speedway Club Driver Membership. I undertake to be bound by the provisions of the Broome Speedway Club Rules and Regulations.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

### JUNIOR DRIVER CONSENT FORM

I \_\_\_\_\_ (full name of parent/guardian) hereby give my consent for  
\_\_\_\_\_ (full name of driver) to compete in the sport of speedway racing.

I understand that for my child to race at speedway a parent/guardian must be present at each race meet in the pit area. NO PARENT/GUARDIAN PRESENT and the Junior Driver will not be permitted to race that night

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Cheque payable to Broome Speedway Club Inc, PO Box 584 BROOME WA 6725

EFT Payments to: Broome Speedway Club: BSB: 066 505, Account: 00901688.

Please quote your name as the reference. Once payment has been made please email [secretary@broomespeedwayclubinc.org.au](mailto:secretary@broomespeedwayclubinc.org.au) and a membership card and receipt will be posted to you.

In person at Broome Wheel Aligning & Suspensions office on Port Drive.