



MEMBERSHIP APPLICATION

Year of Membership: _____ Membership Fee: \$ _____

Please complete the following application form and return with your payment to:

IPRASA, c/- PO Box 41, Lobethal SA 5241.

Surname: _____ First Name: _____

Address: _____

Postal Address: _____

(If different from above)

E-mail: _____@_____ Membership No. _____

(E-mail will be the primary means of contact for you to receive club related information.) (If known)

Contact Numbers:

Home: _____ Work: _____ Mob: _____

Emergency Contact: _____ Ph: _____

Preferred Racing Number (new members only): #1 _____ #2 _____ #3 _____

(The Club cannot guarantee to allocate any of your preferences)

Car Make: _____ Model: _____ Capacity#: _____ cc

(# including turbo/rotary multipliers)

Log Book Number: _____ Racing No. _____ LM/EM _____

I consent / do not consent* to IPRASA using information and images of myself and my vehicle on the club's website.

(* delete whichever is not applicable)

Signed: _____ Date: ____/____/____

Office use only

Committee Presentation Date: ____/____/____ Committee Acceptance: Yes / No

Payment Received: Yes / No Date: ____/____/____ Cash / Cheque / Money Order

Waived (Committee) Receipt No. _____ Member No. _____