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MEMBERSHIP APPLICATION

Name: _____

Address: _____

Town: _____ State: _____ Post Code: _____

Postal Address (if different to above): _____

Email: _____

Home No: _____ Mobile: _____

Membership Type (Please note juniors must be part of a family membership)

Adult \$35

Family \$60

Signature of Applicant: _____ DOB: _____

For Family Membership please list other Family members:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I the undersigned, being a fully paid member of the Douglas Shire Motor Sports Association, nominate the above applicant/s, who is/are known to me for membership of the Association.

Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Receipt No: _____

Expiry Date: _____