



Australian Speedway Drivers and Riders Association Incorporated

Application for Membership

NAME: _____ Age: _____

ADDRESS: _____

_____ P/CODE: _____

PHONE: _____ MOBILE: _____

FAX: _____ EMAIL: _____

Place of business: _____

Phone No: _____ Occupation: _____

Permission of Parent/Guardian (to be provided if applicant is under 17 years old)

PLEASE PRINT Name of Parent/Guardian I, _____ hereby grant permission

for Name of applicant _____ to be involved in motor sport with

ASDRA Inc. Date: _____ Phone (Parent/Guardian) _____

Signature of Parent/Guardian _____

I wish to apply to become a member of West Coast (e.g. speedcars, burnout, etc.) _____ (division)
as

- Driver
- Pit Crew
- Ordinary Member
- Official

Signature: _____ (applicant)

Proposed by: _____ Signature: _____
PLEASE PRINT NAME

Return to Secretary by –
Email: asdrainc@outlook.com
Mail: 11 Deanhead Street, Bullsbrook WA 6084

OFFICE USE ONLY:
Date received: _____
Approved: _____

