



# Membership Application

**New / Renewal**

(Cross out which ever applies)

**Annual Membership** - \$40.00  
(Riders and Drivers to include Medical Report)

**Associate Membership** - \$10.00  
Financial year 1<sup>st</sup> July → 30<sup>th</sup> June.

**Please Tick Box**

**Full Name (Print):** \_\_\_\_\_

**Home Address (Print):** \_\_\_\_\_  
\_\_\_\_\_

**Postal Address (Print):** \_\_\_\_\_

(If different to above) \_\_\_\_\_

**Home**

**Telephone** - \_\_\_\_\_ **Fax** - \_\_\_\_\_

**Mobile** - \_\_\_\_\_ **Email** - \_\_\_\_\_

**Work**

**Telephone** - \_\_\_\_\_ **Fax** - \_\_\_\_\_

**Please circle intended roles.**

Driver/Rider      Builder      Owner      Pit Crew  
Supporter      Official      Mechanic

**Are you a financial member of any other speedway or motor sport club/s? If so which one/s**

\_\_\_\_\_  
\_\_\_\_\_

**Do you own a classic speedway vehicle? If so please give a full description.**

\_\_\_\_\_  
\_\_\_\_\_

**Please Complete Second Page**

I \_\_\_\_\_ (Print Full Name) will abide by the rules and regulations of the Classic Speedway Assn QLD Inc, formed 2<sup>nd</sup> March 1998.

I am aware and understand that the Classic Speedway Association of Queensland Incorporated:

(a) That the public liability insurance policy that the Classic Speedway Association of Queensland Inc. currently holds will only cover me at events which have been formally sanctioned/approved by the CSAQ.

(b) The Classic Speedway Association of Queensland Inc. will only approve events run by other clubs/associations when they are shown and satisfied with the insurance policies, other conditions, rules & regulations that those clubs/associations are operating under.

(c) If I choose to drive at a meeting or participate in any other form e.g. static display, parades, operated by other clubs, but not sanctioned/approved by the CSAQ Inc. I will not be covered by the Classic Speedway Association of Queensland insurance policy, whether or not other Classic Speedway Association Inc. members are also driving/participating.

(d) If I am in any doubt as to whether or not a meeting or event is approved, I should not participate unless I am prepared to accept the risk that I may be driving/participating without insurance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Full Name** \_\_\_\_\_

**Application Nominated By** (To be Full Financial Member, Not Applicable for Membership Renewals)

**Full Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

Please complete this section if your partner is being nominated as an associate member (no additional fee for partners). Note – no voting rights or participation in demonstration events.

**Full Name of Associate (Print)** \_\_\_\_\_

<b>Office Use</b>		
<b>Medical Report</b>	Yes / No	<b>Membership No.</b> _____
<b>Cash/Cheque</b>	Yes / No	<b>NASR No.</b> _____
<b>Receipt Number</b> _____		(if applicable)
<b>Date Membership Approved / Declined</b> _____		