



New Membership / Renewal Application Form 2017

Please complete the forms and return with payment to:

QSC Treasurer
PO Box 104,
Rosewood QLD 4340

Please tick the type of membership being applied for and the Nomination fee applicable. Membership fees are calculated on a calendar year basis (i.e. 1 January to 31 December). For new members who join on or after 1 November, your membership will carry through to 31 December of the following calendar year.

- Membership Type: Associate Membership \$40.00 (Non Voting social member)
 Ordinary Membership \$80.00 (Required for CAMS / AASA Licence, Voting Rights)
 Family Membership \$160.00 (2 Ordinary & 2 Associate members)

Ordinary / Associate Member Name:..... D.O.B:

Family Membership Names:

Ordinary Member (1):..... D.O.B:

Ordinary Member (2):..... D.O.B:

Associate Member (1):..... D.O.B:

Associate Member (2):..... D.O.B:

Main Residential Address:

P/Code:.....

Postal Address: { } AS ABOVE

P/Code:.....

Ph: (H) (M) (W)

Email:

Next of Kin details: Name:.....

Ph: (H) (M) (W)

I hereby apply for membership of the Queensland Superkart Club Inc. and enclose here within the Sum of \$.....

I acknowledge that motorsport is dangerous and in exchange for membership of The Club, I agree....

I will be paying by
 cash cheque direct deposit

- To release The Club from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) (- harm*) howsoever arising in relation to my participation in or attendance at events at which The Club participates, except to the extent prohibited by law.
- That The Club does not make any warranty, implied or express, that the events at which The Club participates will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- To attend and participate in events at which The Club participates at my own risk.

Direct deposit details:
Bank: NAB
BSB: 084 911
Acc: 148150750
Please send payment confirmation with this form.

I also acknowledge the risks associated with attending or participating in events at which The Club participates includes the risk that I may suffer harm as a result of motor vehicles (or parts of them) colliding with other motor vehicles, persons or property. I further acknowledge motorsport is dangerous and that accidents causing harm can happen and do happen and may happen to me.

I accept the conditions of membership of The Club and acknowledge I have received and read a copy of The Club's Constitution and by-laws and agree to abide by the Constitution and By-Laws of The Club for the time being in force.

I hereby declare I have not withheld information within my knowledge likely to affect the decision of The Club as to the eligibility of my membership.

My Preferred Racing Number is: 1st choice 2nd choice

Only numbers 4 to 155* allowed (*100 -155 used at club level only).

Signed:..... Dated:

Name of 1st proposer:..... Signature:..... Name of 2nd proposer:..... Signature:.....

OFFICIAL USE: Date Received:..... Date Endorsed by Committee:..... Receipt No:.....

Method of Payment:..... Membership Card Number/s:.....