2012 HUNTER VALLEY OFF ROAD RACING ASSOCIATION INC.

P.O Box 360, Singleton. NSW 2330
Phone: (02) 6572 1376 (after hours)

MEMBERSHIP FORM

SURNAME:.. .... / AGE: .... yrs / D.O.B: ....../......./......

CHRISTIAN NAMES: ....

Mailing ADDRESS:.................................... ....

.... Post Code .... STATE: ....

HOME PHONE:( )....................................

EMAIL ………………………………………………………………………………..

OCCUPATION:... ....

ALLERGIES (IF KNOWN): ....

----------------- --------------------------------- --------------- ----------------- ---- --- ---------

NEXT OF KIN

FULL NAME:.. ....

ADDRESS: ... .

HOME PHONE:( )..................................... WORK PHONE:( ) ....

----------------- --------------------------------- --------------- ----------------- ---- --- ---------

CIVIL LICENCE NO:.. CAMS LICENCE NO:............. ....

CAMS LICENCE TYPE (circle which is applicable) OFF ROAD / Driver / Navigator

CLASS OF VEHICLE YOU OWN: .... CAMS ALLOTTED CAR NUMBER: ....

ARE YOU A MEMBER OF ANOTHER CAMS AFFILIATED CLUB? (circle which one is applicable)YES/ N O

CAMS LOG BOOK NUMBER: .... SIGNATURE: ....

DATE LOG BOOK WAS ISSUED;………………………………………………………………………

>>

MEMBERSHIP FEE REQUIRED -

Full Membership $35.00 (Full Membership is needed for CAMS LICENCE)
Social Membership $15.00