



Membership Application

New / Renewal

(Cross out which ever applies)

Annual Membership - \$50.00
(Riders and Drivers to include Medical Report)

Associate Membership - \$15.00
Financial year 1st July → 30th 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 2nd 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) _____

Office Use		
Medical Report	Yes / No	Membership No. _____
Cash/Cheque	Yes / No	Speedway Australia No.
Receipt Number _____		_____
Date Membership Approved / Declined _____		