



**CENTRAL AUSTRALIAN DRAG RACING ASSOCIATION**

PO BOX 434, Alice Springs, NT 0871

www.cadra.com.au

ABN 77903410796

INC No. A10759C 8/02/93

## **2018 CADRA MEMBERSHIP APPLICATION**

Name : \_\_\_\_\_  
(BLOCK LETTERS PLEASE)

Member No.: \_\_\_\_\_  
(ALLOCATED BY CADRA)

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

**Would you be willing to assist your club as a Volunteer at various times of the year? YES  NO**

If "YES" in what area/s:  Pre-event set up (putting out bins, etc)  After event clean up (placing bins for collection)  Spectator Gate sales  
 Stocking/de-stocking canteens/bar  Merchandise/Canteen/Bar sales  Track prep assistance  Toilet maintenance  
 Grounds maintenance (mowing/whipper snipping/etc)  Other .....

**MEMBERSHIP FEES:**

<b>ADULT</b>	<b>(16 yrs &amp; older at January 1st 2018)</b>	<b>\$ 30.00</b>
<b>JUNIOR</b>	<b>(under 16 yrs at January 1st 2018)</b>	<b>\$ 15.00</b>

### MEMBERSHIP NOTES

1. Membership is compulsory for all racers due to insurance purposes and to earn Championship Points;
2. Membership is good through calendar year 2018;
3. Membership entitles voting rights to each Adult General Member only of the CADRA ;  
Junior Members are ineligible to vote;
4. Membership entitles the Member only to half price spectator entry, to all CADRA events at the Alice Springs Inland Dragway excluding the RedCentreNATS.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Nominated by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(BLOCK LETTERS PLEASE)

**Seconded by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(BLOCK LETTERS PLEASE)

### **CONSENT FOR JUNIOR MEMBERSHIP**

**PARENT or GUARDIAN must complete this section only if the Applicant is under 18 years of age**

I, \_\_\_\_\_ being the Parent / Guardian of  
(Applicant Name) \_\_\_\_\_ ; Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ do hereby  
give permission for the abovementioned person to become a Member of the Central Australian Drag Racing  
Association Inc., and participate in all suitable activities thereof.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **OFFICE USE ONLY**

Date received: ..... Amount: \$..... Receipt #: ..... Membership Approved / Revoked



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