

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) Stocking/de-stocking canteens/bar
 After event clean up (placing bins for collection) Grounds maintenance (mowing/whipper snipping/etc)
 Toilet maintenance Track prep assistance Merchandise/Canteen/Bar sales Spectator Gate sales
 Other

MEMBERSHIP FEES:

NEW MEMBER	\$75.00
ADULT RENEWAL (16 yrs & older at January 1st)	\$50.00
JUNIOR (under 16 yrs at January 1st) & ASSOCIATE RENEWAL	\$25.00

MEMBERSHIP NOTES – PLEASE READ PRIOR TO SIGNING

- By signing this Membership Application form, I agree to abide by the CADRA Constitution and Code of Conduct;
- Membership is compulsory for all racers; Non-members are entitled to participate in ONE free non-invitational race night per race season only. Membership is compulsory to continue racing throughout the race season thereafter;
- Membership entitles voting rights to each Adult General Member only of the CADRA ; Junior and Associate Members are ineligible to vote;
- Membership entitles the Member on the membership card only, to half price spectator entry to all CADRA events at the Alice Springs Inland Dragway excluding RedCentreNATS.

Signature of Applicant: _____ Date: ____ / ____ / ____

FOR NEW MEMBERS ONLY

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 Junior 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

