

Southern States Supermoto

MEMBERSHIP FORM

I wish to apply for membership of Southern States Supermoto

New Member Application

Name _____

Address _____

Suburb/Town _____ Postcode _____

Email Address: _____ Date of Birth: _____

Age _____

Telephone (Home) _____

(Mobile) _____

Are you a member of any other M.A (Vic) Affiliated Club

Club

Current Club Membership Number.....

Current MA licence No..... Expiry

Optional Information

Current bike

Racing Number / Preference Graded Rider Currently ... Yes / No Grade

Social Eventing Participant / Trade Displays..... Yes / No

Additional skills.....First Aid Cert / Marshal / Steward / Trackside Volunteer

Signature.....Date.....

As a member of Southern States Supermoto I hereby agree to be bound by the rules of competition set out in the GCR issued by Motorcycling Australia and underwritten by all relevant State Controlling Bodies

I also agree to comply with all lawful request at any event promoted / hosted by Southern States Supermoto and its authorised representatives

Cheques and / or money orders must be made out and returned to

Southern States Supermoto
11 Manley Crescent
Wangaratta 3677
Victoria AU

