



2009 Membership Form

First Name: _____ **Phone:** _____
Surname: _____ **Work:** _____
Date of Birth: _____ **Fax:** _____
Email: _____ **Mobile:** _____
Street Address: _____

Suburb: _____
State: _____
Post Code: _____

Membership Type (please tick)

<input type="checkbox"/> Standard Membership	\$55	<input type="checkbox"/> new member	
<input type="checkbox"/> Life Membership	\$350	<input type="checkbox"/> renewal	
(A member for life, races at half of standard fees for first car)		<input type="checkbox"/> Juniors/Pensioners	\$15
<input type="checkbox"/> Family Membership	\$70	<input type="checkbox"/> Social	\$5
Enter Family Members below ↓		Attends club functions/ bbq etc. May race at non-members prices.	
		<input type="checkbox"/> Existing Life Member	nil
		Year Joined:	_____

Spouses Name: _____ **Date of Birth:** _____
Children's Names: _____ **Date of Birth:** _____
_____ **Date of Birth:** _____
_____ **Date of Birth:** _____

I agree to abide by the rules and regulations of the Queensland Model Drag Racing Association at all times.
If under 18 a Parent or Guardian must sign.

Signature: _____
Proposer: _____
Seconder: _____

QMDRA Official use only.

Membership renewals do not require a nomination proposal.