



2010

Membership Form

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

Suburb: _____
State: _____
Post Code: _____

Membership Type (please tick/check)	<input type="checkbox"/> new member
<input type="checkbox"/> Standard Membership \$55	<input type="checkbox"/> renewal
<input type="checkbox"/> Life Membership \$350 (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 Enter Family Members below ↓	<input type="checkbox"/> Social \$5 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.
Rec no.
Signature

Membership renewals do not require a nomination proposal.

Payments: Payments can be made in person with cash, or one of the following;

EFT: SUNCORP BSB 484-799 Account 037800606 (Initials as a REF. Eg. RTL)
PAYPAL: qmdra@iprimus.com.au