



Application for Membership
Queensland Motorised Sports Officials Assn. Inc.
PO Box 621, Kallangur QLD 4503

DATE: _____

Name: (Mr / Mrs / Ms / Miss): _____

PLEASE PRINT: (Given Names) (Surname)

Address: _____
(Full Postal Address)

Home: _____

Work: _____

Mobile: _____

E-mail: _____

I hereby apply for membership to the: Queensland Motorised Sports Officials Assn. Inc.

CAMS Officials Licence number: _____ what are your grading's? _____

Trade or Occupation: _____

Date of Birth: _____ Have you a current drivers licence? Yes / No

Next of Kin: _____ Relationship? _____

Address of next of Kin: _____

Telephone numbers of next of Kin: Home: _____ Mobile: _____

Membership Joining Fee (One off Payment) \$ 5.00

Annual Subscription: \$ 25.00

TOTAL: \$ 30.00

(Please submit your membership fees with your subscription)

I am interested in doing: Marshalling [] Track [] Timing [] Race Control [] Scrutineering []

I am interested in the following events: Theme Days [] Race Meetings [] Bike Meetings []

Karts [] Others []

I hereby agree to abide by the constitution, By Laws and Code of Conduct of Queensland Motorised Sports Officials Assn. Inc.

Signature of person applying for membership: _____

Print name of Proposer: _____ Proposer signature _____

Print name of Seconder: _____ Seconder signature: _____



Direct Credit Information

Queensland Motorised Sports
Officials Assn. Inc.

Bank of Queensland: **Queensland Motorised Sports Officials Assn. Inc.**

Account Details: BSB: **124053**

Account Number: **21780413**

REFERENCE: _____

(Name of new member)

With \$ _____ being my Membership fees.

Please write the receipt number here: _____

Date of transaction: / /

Please ensure a copy of your receipt is enclosed, this will make things much easier.

Official Use only:

Membership Approved: Yes / No Membership Number: _____ Date: _____

Reason for Non Approval:

New Membership paid by: Cheque / Cash / Direct Credit

Authority Number: _____

Banked By: _____

Date Banked: _____

Receipt Number: _____

Signature of Secretary: _____

Signature of Treasurer: _____