

MOTOCROSS RIDERS ASSOCIATION

MRA STADIUM CROSS

PO BOX 1031 NORTH HAVEN SA 5018 103
 TRACK LOCATION WILKINS RD. GILLMAN



2012 MEMBERSHIP APPLICATION FORM

This application is for individual or Family.

Family is for children under 18yrs.

This runs from DECEMBER to DECEMBER.

NO DISCOUNTED MEMBERSHIP THOUGHOUT THE YEAR.

\$150 Gillman & MRA Stadium Cross. \$100 Gillman Only

NAME.....
 ADDRESS.....
 SUBURBS.....POST CODE.....
 EMAIL.....
 PHONE (H)..... (M).....

RIDERS NAME	DOB	COMP/REC	LIC No	EXPIRY DATE

OFFICIALS LICENCE NAME	LICENCE No	EXPIRY DATE	TYPE

I/we hereby agree to abide by MRA practice and Club rules and I/we understand that my/our membership may be suspended or cancelled if I/we FAIL to abide by these rules.

SIGNATURE.....Date.....

Office use Membership No.....Amount paid.....cash/cheque/money order