ADELAIDE RADIO CONTROLLED RACEWAY

# Application for Membership

I ……

(Applicants name)

Of ……

(Insert Applicants residential address – required under section27 of the Clubs Incorporation Act 1987.)

…… …….. ……

Applicants Email (mandatory) Home Phone Mobile Number

……

……

……

Medical Conditions (mandatory) used in emergencies when contact with medical / ambulance is required.

**Apply to become a member of ARCR. If my application is accepted, I agree to be bound by the rules of ARCR.**

Applicants Signature: …… Date: ……..

Receipt Number issued: ……. Date: ……..

"A person wishing to become a member must be proposed by one **member** and seconded by another **member**."

## PROPOSED:

Name: ……..

Signature: ……..

Date: ……

## SECONDED:

Name: ……..

Signature: ……

Date: ……

---

- - - - - - - - - - - - - - - - - - - - - - - - - - - - ***Applicants to detach and keep*** - - - - - - - - - - - - - - - - - - - - - - - - - - - -

## INFORMATION for APPLICANTS

- If your application is accepted, your Name, Address & Email, as provided above, must be recorded in a register of members under the clubs Incorporations Act 1987. Your club is a "not for profit" organization therefore member details are used purely for club purposes and will not be provided for commercial use.
- * you can contact the ARCR Club at:- contact@arcr.org.au or via our web site arcr.org.au
- You can access or correct personal information (your name, address, email & other contact details) by contacting the ARCR Club as indicated above.