

QUADRIDERS SA



QUADRIDERS SA 2017 MEMBERSHIP CONTRACT

MEMBERSHIP TYPE: **SINGLE** or **FAMILY** (please circle)

PLEASE PRINT ALL DETAILS CLEARLY

SURNAME: _____

MACHINE MAKE / MODEL RIDER No. _____

FIRST NAME: _____ D.O.B: ___ / ___ / ___ AGE: ___ yrs _____

FIRST NAME: _____ D.O.B: ___ / ___ / ___ AGE: ___ yrs _____

FIRST NAME: _____ D.O.B: ___ / ___ / ___ AGE: ___ yrs _____

FIRST NAME: _____ D.O.B: ___ / ___ / ___ AGE: ___ yrs _____

POSTAL ADDRESS: _____

EMAIL: _____ PH: _____ MOBILE: _____

RIDING INTERESTS (please circle): MX - Enduro - Camp aways - Trail - Dunes - Speedway - Other _____

N.B. To participate in any **Competition** event, all machines must be fitted with nerf bars, tether kill switch and bar ends. All riders must wear at all times whilst riding an approved helmet and appropriate riding attire. Refer to MoMS (GCRs) for further clarification.

2017 FEES: To end of calendar year (ie 31/12/17) are **\$70 SINGLE** or **\$100 FAMILY**.

Memberships taken on or after October 1st carry over to the end of the following year. All membership applications are subject to approval by the QuadridersSA Executive Committee.

PAYMENT: By cash (in person only), cheque, direct debit or money order payable to: **Quad Riders Association of South Australia Inc. BSB: 065 145 ACN: 1015 4163** or **POST TO:** Quadriders SA Membership: PO Box 162, Willunga, SA 5172.
ENQUIRE: Verity 0416 152 799 or Lisa 0408 846 031

PRIVACY DECLARATION: Motorcycling Australia (MA), Motorcycling SA Inc. (MSA) and the Quad Riders Association of South Australia Inc. (QuadridersSA) requires the information requested in this form to provide you with membership services. Your personal information will only be used in accordance with the objects of MA, MSA and QuadridersSA general business to provide you with membership services. Your details may, for example, be forwarded to event promoters and other related MA and MSA parties. You will be able to access your personal information through MA, MSA or QuadridersSA upon reasonable notice. If the requested information on this membership form is not provided you will not be able to receive membership services. I authorize any hospital, medical practitioner, paramedic or first aid service to furnish to MA, MSA or QuadridersSA information relevant to any injury I may suffer during sanctioned activity.

WAIVER & RELEASE: I realize that Quad riding can be a dangerous sport and in the event that I may be injured or have any of my property damaged, regardless of fault, I hereby waive and release all rights and claims for damages I may have against the Quad Riders Association of South Australia Inc. and any or all participating sponsors, officials and property owners as a result of my participation in or observation of events or functions organized by the club. I hereby acknowledge that I have read and understood the rules and conditions of the club and shall abide by them and any decisions made by the committee from time to time.

APPLICANT SIGNATURE: _____ **DATE:** ___ / ___ / ___

Office Use Only

Type of Membership: _____ Single / Family _____ New / Renewal _____ Membership Card Number: _____

Amount Received: \$ _____ Cash / Cheque / Money Order / Debit _____ Date Posted: ___ / ___ / ___