

Membership Form

Please Complete All Relevant Information

Full Name					
Street Address					
Suburb		State		Postcode	
Mobile Number					
Contact Email					
Vehicle Make			Vehicle Model		
Engine & Capacity				Forced induction	Yes / No
Race # 1 st Pref		2 nd Pref		3 rd Pref	
Type of Membership: <input type="checkbox"/> New Member <input type="checkbox"/> New Interstate Member <input type="checkbox"/> New Non Competing Member – Social Only					
Membership Add-Ons: <input type="checkbox"/> Sticker Set (Window Banner & Club Logo x 2)					
Total Due					\$ _____
DECLARATION I agree to be bound by the club rules and policies and agree to comply with the competition rules of the Sports Sedan Association of South Australia as well as the CAMS group 3D and associated regulations as they are in force at any time; and I confirm that the information I have provided is true and correct and acknowledge that Sports Sedan Association of SA may use this information to undertake the running and promotion of the Association and Sports Sedan Racing. I understand that my address and contact details will not be provided to any third parties without my permission.					
Name					
Signature			Date		

Please email this form along with a copy of the EFT confirmation to ssaofsa@gmail.com.

Payment Details: Sports Sedans SA, BSB: 085-443, Account: 42-467-2070