

The information contained in/on this form is private and confidential, and may only be used for NQIMRA business.

This form is required for compliance with Clause 10 (1) of the Association Rules. All fields marked with ➡ must be filled in. Incomplete forms will not be processed.

APPLICATION FOR MEMBERSHIP

- ➡ Date of Application
- ➡ Applicants Full Name
- ➡ Applicants Full Residential Address
.....
- ➡ Applicants Contact Phone Number
- ➡ Applicants Email Address

(Email address will be used for future notifications of NQIMRA meetings and events, as required)

By signing this Application for Membership, I, the undersigned, agree to abide by the Constitution and Bylaws of the North Queensland International Motor Raceway Association Inc., and further agree that my Membership of the Association is valid only for the duration of my annual fees.

- ➡ Signature of Applicant
- ➡ Signature of Proposer

Bank information: **BSB 124 100 Account Number 22309486**. Annual membership is **\$50.00**
Please forward completed form to **NQIMRA, PO Box 511, Cairns, QLD 4870**.
Attach a copy of your deposit form / screen shot.

OFFICE USE ONLY

- Date Received Amount Received
- Membership Approval Date Valid Until
- Membership Number Type