

Western Australian Motorsport Officials Inc. 2024 Membership Application Form

Name: *(last)* _____ *(first)* _____

Address: _____

Suburb: _____ Post Code: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email Address: _____ Date of Birth: ____/____/____

Employed/industry you work in or special skills you may have to assist the Club *(optional)*

Next of Kin/Contact Name _____ and Phone number _____

MSA Licence Number: _____ Class(es): _____ Expiry Date ____/____/____

Any medical condition, allergies etc (in case of emergency/accidents at Race Meetings):

Do you have a current Working with Children Check card? No / Yes, Card Notice#: _____ Expiry: __/__/__

Are you willing to obtain a Working with Children Check? No / Yes / NA

MEMBERSHIP FEES – YEAR 2024

Please indicate the membership you are applying for below:

Full Member: \$30.00

Concession: \$15.00 ID details: _____

Young Official (<25 years of age)

Please produce ID (Students, Pensioners, Proof of Age)

Please return this form to the Secretary/Treasurer at the next meeting, email to officials@wamo.org.au or if you would like to post, email us for a postal address.

Please note: Acceptance of this form by the Western Australian Motorsport Officials Inc. does not automatically signify that full membership to the Association has been granted. A probationary period, at the discretion of the Committee, and a willingness to attend Club Meetings, must be achieved before membership rights will be granted. All applicants must have attended as an official a minimum of three (3) WAMO calendared events, excluding Supercars, within the 12 months prior to the date of the application form before membership rights may be granted.

Declaration: *I, the undersigned, understand the above, and will abide by the Constitution of the Western Australian Motorsport Officials Inc.*

Waiver: I do/ I do NOT (please circle one) give permission for any images/photographs of myself taken by WAMO while performing my duties as an official, at any venue, to be used for WAMO promotion purposes under any circumstances.

Signature: _____ Date: ____/____/____

Payment method: Cash / Bankpay If paying by Bankpay: WAMO Inc @ CommBank BSB: 066-134 Account No: 11236968

Please use your Last Name as the reference

WAMO use only: Receipt Number: _____ Date: ____/____/____