



# Gladstone District Dirtriders Club Inc.

PO Box 718, Gladstone, 4680  
www.gladstonedirtriders.com.au

## RIDING TO SUCCEED



Queensland  
Government  
Getting more people  
active through sport  
and recreation



### Membership Form

I wish to renew my membership of the Gladstone District Dirt Riders Club Inc. I fully understand that on acceptance or my application, I will be bound by the rules of the Gladstone District Dirtriders Club Inc. according to their constitution as well as the by-laws of Motorcycling Queensland and Motorcycling Australia. I therefore understand that I can not hold the Gladstone District Dirtriders Club Inc. responsible for any injury, damage or loss incurred whilst at any club facility.

Please complete the following details:

Last Name: \_\_\_\_\_

First Name: 1: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

2: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

3: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

4: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

5: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Occupations: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Please circle which area you are able to assist the club in:

Canteen    Lap score    Gate keeper    Track maintenance    .....

*It is a condition of membership that you must be available to help out at least one working bee a year*

Please circle the type of Membership required. Family/Single Memberships valid until 30<sup>th</sup> June, 2012

Family \$65                      Single \$40                      AMOUNT PAID \$.....

I understand that I must hold a current MA or 1 Day Licence to ride at any club event. If I reside in Queensland I am automatically covered by Ambulance. If I reside interstate I understand and also agree that it is my responsibility to take out Ambulance Fund cover.

Signature of Parent/Guardian if under 18 years: \_\_\_\_\_

Signature of applying member: \_\_\_\_\_

**Office Use Only**

Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_ Membership Card: \_\_\_\_\_ Processed Date: \_\_\_\_\_

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