



Secretary
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IA39123

RACE NUMBER:

FINANCIAL MEMBERSHIP FORM

DATE:

CQ

2017 - 2018

/ /

FIRST NAME:

SURNAME:

ADDRESS:

SUBURB / TOWN:

POST CODE:

EMAIL:

CONTACT NUMBER:

DATE OF BIRTH:

PREFERRED CONTACT METHOD: TEXT EMAIL POST GROUP MESSAGE

ANNUAL SUBSCRIPTION IS VALID FOR THE FINANCIAL YEAR NOTED ABOVE (JULY 1ST TO JUNE 30TH)
(IF JOINING BETWEEN JAN & JUNE FEE'S ARE 50% OF BELOW)

FULL MEMBER/COMPETITOR (INC TRACK FEE) \$150

ASSOCIATE MEMBER (SOCIAL/FAMILY/FRIEND) \$30

PLEASE NOTE: A RACE FEE OF \$30 APPLIES TO EACH RACE DAY & IS TO BE PAID ON THE DAY.

DIRECT DEPOSIT CAN BE MADE TO CQMRC NAB BANK BSB: 084-905 ACC: 145607735

WE STRONGLY ADVISE ALL MEMBERS AND RACERS TO HAVE THEIR OWN ACCIDENT INSURANCE. CQMRC INC AND EVERYONE CONNECTED WITH THE CLUB WILL **NOT** TAKE ANY RESPONSIBILITY FOR ANY ACCIDENTS OR INJURY YOU INCUR. YOU ATTEND, RIDE AND RACE AT YOUR OWN RISK.

MEDICAL INFORMATION

ALLERGIES:

PROBLEMS:

NEXT OF KIN:

RELATIONSHIP:

ADDRESS:

CONTACT NUMBER:

I HAVE READ & AGREE TO COMPLY WITH ALL THE CQMRC INC RULES & REGULATIONS.

I HAVE READ & AGREE TO COMPLY WITH THE ASSOCIATION RISK MANAGEMENT AND CODE OF CONDUCT DOCUMENT.

I AGREE THAT THE ABOVE INFORMATION IS TRUE & CORRECT:.....

RECEIVED BY:

DATE: / /

CASH D/D