

# MEMBERSHIP APPLICATION

## Victorian MicroSprint Association Inc.

**Name:** .....

**Address:** .....

.....**Post Code**.....

**Email:** .....

**Contact#:**..... **Mobile:** .....

Please circle the appropriate below.

**Full membership (Owner/Owner Driver/Driver/Official) ..**  **\$75**  
(Includes \$10 National Affiliation Fee)

**Associate Membership**.....  **\$30**

### DRIVER DETAILS

**Preferred Racing number: 1st choice**..... **2nd** ..... **3rd** .....

**Chassis/Engine Combination** .....

**Sponsor's**.....

.....

**History** .....

#### Office use only.

Membership level: .....

Membership #: .....

Date Paid: .....

Receipt #: .....

Proposed: .....

Seconded: .....

Date: .....

**Mail to: Cheryl Mannix, 11 Champion Court, Portland VIC 3305**