

RECEIVED BY: .....

## FINANCIAL MEMBERSHIP FORM

Secretary 64818 Bruce Hwy Yaamba, QLD 4704

2021 - 2022

Web: www.cqmrc-yaamba.com cqmrcsecretary@gmail.com

IA39123

RACE NUMBER	DATE: / /
FIRST NAME:	SURNAME:
ADDRESS:	
SUBURB / TOWN:	POST CODE:
EMAIL:	
CONTACT NUMBER:	DATE OF BIRTH:
PREFERRED CONTACT METHOD: TEXT	EMAIL POST GROUP MESSAGE
	ANICNAL YEAR NOTED ABOVE (JULY 1 <sup>ST</sup> TO JUNE 30 <sup>TH</sup> ) VEEN JAN & JUNE FEE'S ARE 50% OF BELOW)
FULL MEMBER/COMPETI	ITOR (INC TRACK FEE) \$120
•	OCIAL/FAMILY/FRIEND) \$30
PLEASE NOTE: A RACE FEE OF \$40 AP	PPLIES TO EACH RACE DAY & IS TO BE PAID ON THE DAY.
DIRECT DEPOSIT CAN BE MADE TO	O CQMRC NAB BANK BSB: 084-905 ACC: 145607735
	ERS TO HAVE THEIR OWN ACCIDENT INSURANCE. CQMRC INC AND OT TAKE ANY RESPONSIBILITY FOR ANY ACCIDENTS OR INJURY OUR OWN RISK.
	EDICAL INFORMATION
ALLERGIES:	PROBLEMS:
EMERGENCY CONTACT:	RELATIONSHIP:
ADDRESS:	CONTACT NUMBER:
I HAVE READ & AGREE TO COMPY WITH ALL THE CQMF I HAVE READ & AGREE TO COMPY WITH THE ASSOCIAT	TION RISK MANAGEMENT AND CODE OF CONDUCT DOCUMENT.

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

DATE: