



Secretary  
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IA39123

RACE NUMBER:

FINANCIAL MEMBERSHIP FORM

DATE:

CQ

2022 - 2023

/ /

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 1<sup>ST</sup> TO JUNE 30<sup>TH</sup>)  
(IF JOINING BETWEEN JAN & JUNE FEE'S ARE 50% OF BELOW)

FULL MEMBER/COMPETITOR (INC TRACK FEE) \$120

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

PLEASE NOTE: A RACE FEE OF \$40 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: .....

EMERGENCY CONTACT: .....

RELATIONSHIP: .....

ADDRESS: .....

CONTACT NUMBER: .....

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

I HAVE READ & AGREE TO COMPY 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