



Southern Districts Car Club Inc.

2018 Membership Form (Please print clearly)

PO Box 3

Morphett Vale SA 5162

www.sdcc.asn.au

Postal Address: _____ Postcode: _____

Home Phone: _____

Club communication will be via SDCC website and or Email and Social media (Facebook & Twitter)

Please list name and birth date of each person included in this membership (including dependants)

Name: _____	Date of Birth: ___/___/___	Member Number
Email Address: _____	Mobile: _____	
Occupation/Business: _____	Work Phone: _____	
CAMS Member Number: _____	Officials Licence Type/Grade(s): _____	
Name: _____	Date of Birth: ___/___/___	Member Number
Email Address: _____	Mobile: _____	
Occupation/Business: _____	Work Phone: _____	
CAMS Member Number: _____	Officials Licence Type/Grade(s): _____	
Name: _____	Date of Birth: ___/___/___	Member Number
Email Address: _____	Mobile: _____	
CAMS Member Number: _____	Officials Licence Type/Grade(s): _____	
Name: _____	Date of Birth: ___/___/___	
Email Address: _____	Mobile: _____	
CAMS Member Number: _____	Officials Licence Type/Grade(s): _____	
Name: _____	Date of Birth: ___/___/___	Member Number
Email Address: _____	Mobile: _____	
CAMS Member Number: _____	Officials Licence Type/Grade(s): _____	

Membership Required

Type	How many?	Cost	Total
Day membership only		\$30.00	
Junior		\$35.00	
Single		\$70.00	
Couple/Family		\$85.00	
Associate Member		\$20.00	
		TOTAL \$	

Office Use Only
Form Received: ___/___/___
Payment Received? Yes/No
Payment Method: (please circle)
Cash / chq / money order / bank deposit
Details BSB 105-136 Acc No 510078640
Card Issued On: ___/___/___

Junior membership applies to those aged between 12 and 17 as at 1st January only.

Associate Member is for non-competing members only.

A valid CAMS Licence is required to enable you to compete (available through SDCC or via CAMS website www.cams.com.au).

Membership cards will be posted once the completed form is processed and payment has been confirmed.

To ensure delivery of your card for an event, please ensure your membership form is received no later than 2 weeks **prior to your event**.

Member Signature: _____ **Date:** ___/___/___ (expires 31/12/2018)

If under 18 years this must be signed by a parent or guardian

Parent/Guardian name: _____

Signature: _____

Once completed either post to SDCC, PO Box 3 Morphett Vale, 5162 or email to membership@sdcc.asn.au