



Nunawading and District Moto Cross Club Inc.
“Membership Secretary” 2355 Shoreline Drive Seaspray 3851
 Track: Cnr Burwood Highway & Morack Road, Vermont South Tel: (03) 9887 4788
 Membership secretary email: dlawther@wideband.net.au ph:0414 540 540

APPLICATION FOR MEMBERSHIP – 2008

WARNING: This is an important document which affects your legal rights and obligations. Do not sign it unless you are satisfied that you have been given sufficient information about its contents.

I/We hereby apply for the following membership. Please tick one of the following:

New Membership

Family Single

Membership Renewal

Family Single

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I/We understand and agree, that:

1. I/We have read and understand the Rules and Regulations of the Club and agree to abide by these Regulations and Rules (A copy can be downloaded from the website). I am aware of all the “on site” notices and agree to observe same.
2. I/We understand that the rider and/or his/her parents/guardians are members of a recognised Ambulance Service or are insured against ambulance transportation costs. I understand and agree that the club, organisers and/or it’s agents attending an injured rider may, at their discretion, call for an ambulance and the rider/parent/guardian named on the form will bear all associated costs.
3. I/We do not hold responsible in any way, and will make no claim against the Club or any of it’s Members or Committee Members for any injuries to either person or property incurred by me/us while on any property under the control of the Club.
4. I/We hereby assume full responsibility for any risk or bodily injury, death or property damage incurred by me/us while on any property under the control of the Club whether caused by negligence of the Members or Committee members or otherwise.
5. I/We hereby acknowledge that motorcycling is a dangerous sport and involves the risk of serious injury and/or death and/or property damage.
6. I undertake to perform duties as delegated to me by the Club on riding days as required (Please tick on box overleaf for preferred duty time).
7. I/We agree that non-performance of such duties cancels membership for applicants herein along with any penalties determined by the Club.
8. I/We understand that a FAMILY membership ONLY covers either or both parents/guardians and the child/children of either or both parents/guardian. (Children must be under the age of 18 at time of joining to qualify for “family” membership).
9. I have read this release and waiver of liability, assumption of risk and indemnity agreement and I fully understand its terms, and understand that I have given up substantial rights by signing it.

Name: _____ **Signed:** _____ **Date:** _____
 Either parent/guardian or applicant if over the age of 18 years must sign the above.

Membership Fees

Please Note: These fees are applicable until January 2009, at which time they are subject to change without further notice.

I/We understand that the fees cover the Club’s CALENDAR YEAR (1st January to 31st December)
 Membership to the Association (compulsory to ALL whether single or family) – included in Membership Fee

Family Membership \$180.00 GST Inc. Single Membership \$150.00 GST Inc.

(These prices include a \$50 bond, which will be returned to you on the day you complete your roster duty)

Send this application to: “Membership Secretary” 2355 Shoreline Drive Seaspray 3851

Please include:

- ✓ 1 passport size (head shot) photograph for **every rider** with name on back or you can email a photo.
- ✓ 1 business sized, stamped, self addressed envelope dlawther@wideband.net.au
- ✓ Ensure you have indicated the roster duty of your choice
- ✓ Ensure both sides of application have been signed where appropriate
- ✓ Cheque/money order made payable to: N. D. M. C. C.

APPLICANT DETAILS

Family Surname: _____

Postal Address: _____

_____ **Postcode:** _____

Telephone: (Home) _____ (Mobile) _____ (Business) _____

E-mail Address: _____

News letters will be e-mailed to the above address Yes No

Emergency Contact in Case of Injury:

Name: _____ **Telephone:** _____ **Relationship to Member:** _____

Roster Duty Times (if not selected, this duty will be delegated as required) please tick

Saturday 9.30am-12.30pm Saturday 12.30pm-4.30pm Sunday 12noon-4.00pm

SIGNATURE OF APPLICANT (If applicant is under 18 years of age, Parent or Guardian must sign this form)

Name: _____ **Signed:** _____ **Date:** _____

Name: _____ **Signed:** _____ **Date:** _____

Details of ALL RIDERS to be covered on this application:

Surname	Christian Name	D.O.B.	Bike Size	Bike Number	Ambulance Member Y/N

Please Note: Riding at the track will not be permitted until you have received your **Licence Card(s)**. Memberships will only be dealt with by mail.

N.D.M.C.C. Use Only:

Date Received: _____ Receipt Number: _____ Date of Licence Issue: _____

Payment Method & Details: _____

Membership Number(s): _____ Comments: _____