

National Dirt Racers Association Inc

ABN 13 502 879 360
 Incorporation Number INC9875522
 National Office P.O. Box 222 Penrith NSW 2751
 Phone 02 4722 2552 Fax 02 4721 5665
 Email hq@ndra.com.au



NATIONAL DIRT RACERS ASSOCIATION Inc.

Membership / Licence & Insurance Application

PLEASE WRITE CLEARLY

2017 / 2018

Membership All membership cards will be issued from your respective state secretary.

NDRA Member #
If known

Christian Names		Surname				
Address	Street Number	Street Name	Suburb	State	Post Code	
D.O.B.		Club				
Home Phone		Club address & contact				
Work Phone		Division of Race Vehicle		Race Car #		
Mobile		Please tick reason for membership	Driver <input type="checkbox"/>	Pit Crew <input type="checkbox"/>	Official <input type="checkbox"/>	Social <input type="checkbox"/>
Email				Membership \$30 <input checked="" type="checkbox"/>		
Next of Kin	Name	Address		Contact		

Licence	Please tick licence class	Senior Driver Over 16 \$45 <input type="checkbox"/>	Bike Rider \$45 <input type="checkbox"/>	Kart \$35 <input type="checkbox"/>	Junior Driver & Rider Under 16 \$25 <input type="checkbox"/>
----------------	---------------------------	---	--	------------------------------------	--

Insurance

Please Tick appropriate insurance cover

Refer to insurance summary for details of cover.

Senior Driver Over 16	\$250	<input type="checkbox"/>
Junior Driver Under 16	\$130	<input type="checkbox"/>
Pit Crew	\$100	<input type="checkbox"/>
Official	\$100	<input type="checkbox"/>
Senior Bike Rider Over 16	\$480	<input type="checkbox"/>
Junior Bike Rider Under 16	\$250	<input type="checkbox"/>

If insurance is obtained from others, please include details for printing on membership card.

A \$5.00 admin fee is included in all insurances.

All driver applications dated after 1st July 2013 must accompany a medical statement completed by your doctor bi-annually.

Membership	\$30.00
Competitor Licence	
Insurance Amount	
Total	

For credit card payments please fill out below

Name on card: _____		Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Cardholder Signature: _____	
Card No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date:	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		CVV <input type="text"/>

Please read and sign

I the applicant hereby declare to abide by the rules and regulations of the National Dirt Racers Association Inc. This also includes all minimum safety standards set down by the national office of the National Dirt Racers Association Inc. Parent or guardian to sign for junior riders and junior drivers. Cheques are to be made payable to the National Dirt Racers Association Inc. All members will hold a membership number. The membership numbers will be issued by their respective state office. All new members of the National Dirt Racers Association Inc are to be nominated by an existing member.

Member Sign

Nominated By

Date

PASSPORT SIZE PHOTO MUST ACCOMPANY THIS FORM TO YOUR STATE SECRETARY IF A PHOTO WASN'T PRODUCED IN THE PAST 3 YEARS

For Racers By Racers

**National Dirt Racers
Association Inc**

ABN 13 502 879 360
Incorporation Number INC9875522
National Office P.O. Box 222 Penrith NSW 2751
Phone 02 4722 2552 Fax 02 4721 5665
Email hq@ndra.com.au



**NATIONAL DIRT RACERS
ASSOCIATION Inc.**

Medical Statement

The following statement is to be completed for drivers only every two years as of the 1st July 2013. It must accompany all driver applications and be completed by a certified medical practitioner.

This form is not required for pit crew, official, vintage and rider applications.

Member Name.
NDRA Member # If known
Date

Medical examiners Stamp

I, Dr _____ have examined the above applicant and I could not find any reason for him/her to be excluded to participate in speedway racing.

In my opinion he/she is fit to participate as a driver in this sport.

Doctor's signature