

# 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](mailto:hq@ndra.com.au)



**NATIONAL DIRT RACERS ASSOCIATION Inc.**

## Membership / Licence & Insurance Application

**PLEASE WRITE CLEARLY**

**2018 / 2019**

**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	

<b>Licence</b>	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"/>
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### Insurance

Please Tick appropriate insurance cover

Refer to insurance summary for details of cover.

Senior Driver Over 16	\$300	<input type="checkbox"/>
Junior Driver Under 16	\$150	<input type="checkbox"/>
Pit Crew	\$115	<input type="checkbox"/>
Official	\$115	<input type="checkbox"/>
Senior Bike Rider Over 16	\$560	<input type="checkbox"/>
Junior Bike Rider Under 16	\$280	<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 1<sup>st</sup> July 2013 must accompany a medical statement completed by your doctor bi-annually.

Membership	\$30.00
Competitor Licence	
Insurance Amount	
<b>Total</b>	

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*

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**Medical Statement**

The following statement is to be completed for drivers only every two years as of the 1<sup>st</sup> 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.**

<b>Member Name.</b>
<b>NDRA Member #</b> If known
<b>Date</b>

<b>Medical examiners Stamp</b>
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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