



For office use only			
Date issued	Payment	Card Issued	Member No.

Membership Nomination and Renewal Form

(Please Tick)

- New Membership Membership Renewal

Full Name: _____
 Address: _____

 Telephone: _____ (home) _____ (work)
 Mobile: _____
 Email Address: _____

Membership Options Please Tick Box Note: Family = 2 Adults + 2 Children		
FULL	\$45.00	<input type="checkbox"/>
Family	\$65.00	<input type="checkbox"/>
Junior 14 – 18	\$25.00	<input type="checkbox"/>

All MSCT correspondence will be sent via the above email address or is available on www.msct.com.au

- Please Tick if you require club correspondence to be mailed to the above postal address.
- Please Tick if you wish the club Newsletter to be mailed to the above postal address.

Signature of Candidate: _____

***The following is only required for new members

Proposed By: _____ (name) Seconded By: _____ (name)
 _____ (signature) _____ (signature)

Proposer and Seconder must be financial members of the MSCT Inc.

I hereby agree to comply with the rules and regulations of the Motor Sports Club of Tasmania Inc. and enclose \$_____ for my subscription.
Please make cheques payable to Motor Sports Club of Tasmania Inc.

Further information for New Members

Occupation: _____
 Marital Status: _____ Age: _____
 Vehicle: _____

Main Competition Interests: Motorkhana / Khanacross Rally Drift Speed
 (Please Tick)

Past Motorsport Involvement

Other Interests: