



Day Membership Form

Rider's Information

Full Name: _____

Date of Birth: _____ Age: _____ Female Male

Address: _____

City: _____ Post Code: _____

E-mail: _____ Phone: _____

Emergency Contact

Full Name: _____

Phone: _____ Relationship: _____

Bank Details

Account Name: _____ BSB: _____ Account Number: _____

Rider Level

- Pro
- Amateur
- Encouragement
- Rookie

Type of Membership

<input type="checkbox"/> Adult (18yrs and Over)	\$25
<input type="checkbox"/> Junior (7yrs to 17yrs)	\$20

Please forward membership forms and receipt of payment to
admin@australianextremeobstacleracing.com.au
Australian Extreme Obstacle Racing Association Incorporated

BSB: 112 879 Account Number: 2056 003 09
Reference: Riders Name - Membership

ABN: 75 447 325 281