



MEMBERSHIP FORM

(please print clearly)

First name _____ Surname: _____

Address: _____

Phone number: _____

Email: _____

Postal Address: _____

(if different from above)

Age: _____ D.O.B : _____ (Jnr, Young rider & Masters only)

Emergency Contact Name/Number: _____

Bank Details: BSB: _____ Acc number: _____ Name: _____

RIDER LEVEL (please refer to rule book)

☐

Pro

☐

Amateur

☐

Encouragement

☐

Rookie

TYPE OF MEMBERSHIP

☐

Adult (18yrs and over) \$70

☐

Junior (13yrs under 18yrs) \$50

☐

Young Rider (7yrs under 13yrs) \$30

Please forward membership forms and receipt of payment to

admin@australianextremeobstacleracing.com.au

Australian Extreme Obstacle Racing Association Incorporated

BSB: 112-879 Account Number: 205600309

Use Reference eg: A Citizen - membership

ABN: 75 447 325 281

OFFICE USE ONLY: Payment Date.....