



# LEYBURN SPRINTS COMMITTEE INC

## Membership Application Form

**TITLE:**

**SURNAME:**

**GIVEN NAMES:**

**RESIDENTIAL ADDRESS:**

**POSTAL ADDRESS:**

**HOME PHONE:**

**MOBILE:**

**FAX:**

**EMAIL:**

**Membership Fees:**

**Ordinary Member—\$5.00. Does *not* provide affiliation with CAMS**

**Competition Member—\$50.00. Does provide affiliation with CAMS**

Please return the completed form with your annual membership fee to:

**The Secretary**

**Leyburn Motor Sprints Committee Inc**

**PO Box 75**

**LEYBURN QLD 4365**

Or if you prefer you can direct deposit:

**Account Name: Leyburn Motor Sprints Inc**

**BSB: 817 001**

**Bank A/c: 28569**

**Please use your surname & initials as a reference & send confirmation email to [secretary@leyburnmotorsprints.com.au](mailto:secretary@leyburnmotorsprints.com.au)**

**Office Use Only**

Membership Accepted: ..... Membership No.: .....

Date: .....

.....  
(Secretary's Signature)