

AUSTRALIAN AUTO-SPORT ALLIANCE PTY. LTD.

P O Box 249

Benalla Vic 3671

Phone: (03) 5766 4235

Fax: (03) 5766 4249

Web: www.aasa.com.au



CLUB RACING LICENCE PAYMENT DETAILS

NAME: _____

ADDRESS: _____

_____ Postcode: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CLUB RACING LICENCE: \$50.00

Please complete the following, and forward together with your application from to Australian Auto-Sport Alliance Pty.Ltd.
P O Box 249, Benalla Vic 3671 and your Club Racing Licence will be processed and returned to you by mail.

PAYMENT BY CHEQUE: \$..... All payments made payable to Winton Motor Raceway Pty Ltd

PAYMENT BY CREDIT CARD:

VISA		MASTERCARD		Exp date ___/___			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature _____				Name on Card: _____			

FOR OFFICE USE ONLY:

Club Licence No: _____ Issued: _____ Exp: _____

APPLICATION FOR AUSTRALIAN AUTO-SPORT ALLIANCE CLUB RACING LICENCE

NOTE: APPLICANT - PLEASE COMPLETE ALL SECTIONS INCLUDING MEDICAL QUESTIONNAIRE

PRINT NAME - WRITE CLEARLY			
SURNAME	ADDRESS IN FULL		
CHRISTIAN NAMES			
PHONE	STATE	Age	
BUSINESS :- PRIVATE :-	POSTCODE		
OCCUPATION	Date of Birth	Country of Birth	
STATEMENT OF APPLICANT	TETANUS IMMUNISATION	BLOOD GROUP:-	
	DATE:-	ALLERGIES YES/NO IF YES LIST	
Are you an Australian Citizen YES/NO.		1	
Have you previously held a Motor Racing Licence YES/NO		2	
If so, Licence No.	Year:	3	
Have you ever been diagnosed as having and/or had treatment for:			
	YES or NO		YES or NO
1.A psychiatric or psychological illness?		6.Have you taken any medications, including self medications or alternative therapies orally or by injection in the last five years or currently	
2.Persistent or severe headache, head injury, epilepsy, seizure or loss of consciousness?		7.Is you hearing impaired in any way?	
3.Heart or lung disease, including infection, blood vessel disease, hypertension coronary bypass, angioplasty or other surgical procedure?		8.Do you suffer from any disorder including Tinnitus?	
4.Cancer, diabetes, kidney, liver, thyroid, gastrointestinal, blood pressure disorders, including any associated surgial procedures		9.Is your eyesight normal in both eyes for distance vision If No is you eyesight correctable? Do you wear spectacles or contact lens?	
5.Significant illness, injury or surgery not already noted?		10. When did you last have a medical examination?	
If Yes to any of the above give full details including medications			
DECLARATION.			
a) I certify that the statements made regarding my psychological and physical condition, and any previous illness, are true and accurate.			
b) I understand that I will not use any drug considered illegal.			
c) I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to a Medical Assessor in order to determine competition fitness.			
			FEMALE APPLICANTS MUST INITIAL
For female applicants; I agree to refrain from exercising the rights conferred by the issue of this licence at any time during the last 4 months of any pregnancy.			
DATE	SIGNATURE OF APPLICANT	Payment Details Cost of Licence \$50.00 for 12 Months	
COMPETANCY DECLARATION BY CLUB/ORGANISATION/PERSON			
This application is recommended by Club/Organisation/Person who is personally known to AASA			
NAME OF CLUB/ORGANISATION/PERSON		Signature	
Office Use Only:			
Date of application:	Receipt No:	Receipt Date:	
Licence No:	Renewal Date:	Licence produced/mailed	