



Application
Southern Track Riders
Amateur Speedway Club 2011
Membership for Year £15



NAME(Please print)_____

ADDRESS_____

_____ POSTCODE_____

TEL: HOME_____ MOBILE_____

EMERGENCY NAME/NO_____

DATE OF BIRTH_____ BLOOD GROUP(If Known)_____

EMAIL_____

DO YOU TAKE ANY MEDICATION? YES{ } NO { }

DETAILS:_____

ACU NUMBER_____ SCB PERMIT NO_____

ARE YOU A RIDER { } OR SUPPORTER { }

PLEASE GIVE DETAILS OF ANY LEAGUE EXPERIENCE_____

Please make cheques payable to STR
PLEASE SEND FORM & PAYMENT TO
Mrs L Taylor, 15 The Saltings, Terrington St Clement, Kings Lynn, Norfolk, PE34 4PB