

GEELONG OFF ROAD BUGGY ASSOCIATION INC. MEMBERSHIP APPLICATION / RENEWAL

Please Circle: New Member / Renewal / Family Membership / Social Member

| Name | | |
|--|---|------------------|
| Joint Members | | |
| Address | | |
| Suburb | | |
| Phone | (W)(M) | |
| E-Mail Address | i | |
| Date of Birth | Occupation | |
| Vehicle Class, En | Ingine Size and Race Number | |
| | | |
| | | |
| Junior (UndFamily MenSocial Mem Please make Cl | pership | |
| Or you can pay of Bank Account Name BSB No. Account No. | 063551 | |
| | LL correspondence to GORBA Inc. at PO Box 465 Geelong Vic 322 the GORBA Treasurer at: E: gorba@outlook.com.au | 20 |
| Disclaimer: I the undersigned at the GORBA Inc. Co | agree to abide by the rules and regulations of the Geelong Off Road Buggy Association Constitution. | on as set out in |