

Bucket Racing Association

2012 Membership Form

PLEASE PRINT (Neatly!)

Surname: _____ Given name(s): _____

Street : _____ Suburb: _____

City: _____ State: _____ Post code: _____

Ph: (H) _____ (W) _____ (Mob) _____

E-mail: _____ Fax: _____

Occupation: _____ D.O.B.: _____ Grade: _____

Other clubs: _____

Current buckets: _____

Other current motorcycles: _____

**I agree to abide by the rules and regulations
as set down by the Bucket Racing Association of NSW.**

Date: _____ Signature: _____

**Please enclose a stamped self-addressed envelope for the return
of your receipt & membership card.**

**Cheques or Money Orders to the value of \$20.00 should be made
payable to: The Bucket Racing Association of NSW.**

Then send this application to:

The B.R.A.
C/- John Olip
32 Canonbury Grove
Dulwich Hill NSW 2203