

APPLICATION FOR BURNOUT LICENCE

New Member: Photo required and copy of civil drivers licence

Renewal: ANDRA Licence &/ or Membership Number

Surname	<input type="text"/>	Given Names	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State/ Postcode	<input type="text"/>
Email	<input type="text"/>		
Phone: Mobile	<input type="text"/>	Drivers Licence No	<input type="text"/>
Birth Date	<input type="text"/>	Gender	<input type="text"/>
Occupation	<input type="text"/>		

Are you under any suspension or disqualification in relation to any sport? Yes No

If yes, provide details

MEMBERSHIP

1 YEAR BURNOUT LICENCE \$80.00 (Inc GST)

HEALTH STATEMENT (must be completed by all applicants)

Please tick if you have any significant or recurrent problems with the following

Anxiety/Depression or other Mental Health Condition	<input type="checkbox"/>	Headaches/ Migraine/ Head Injury	<input type="checkbox"/>
Fits/ Fainting/ Dizziness	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>

If you have ticked any of the above or are over 75 you are required to submit a completed ANDRA Medical Examination with your application.

APPLICANT ACKNOWLEDGMENT

- If issued with the above credentials I undertake to observe all the requirements, rules and policies of the ANDRA; including but not limited to Competition Regulations and the Supplementary Regulations of any sanctioned event in which I participate.
- I have read and agree to abide by the [ANDRA Code of Conduct](#).
- I further agree to comply with all rules, regulations and directions made or given by the Perth Motorplex and the Associated Entities in connection with the Activity. I understand that if I fail to comply with the rules or directions of the Perth Motorplex and the Associated Entities, I may be injured or injure someone else. Further I understand that if I fail to comply, I will not be permitted to continue the Activity.

Signed (Applicant must sign) Date

PAYMENT OPTIONS

CREDIT CARD DETAILS ** please note all credit card transactions will incur 1.3% surcharge**

Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Card No.	<input type="text"/>
Expiry Date	<input type="text"/>	CVV	<input type="text"/>
SIGNATURE OF CARDHOLDER			

ELECTRONIC TRANSFER

BSB NO: 015 250	ACC NO: 151 238 956	EFT DATE	<input type="text"/>
ACC NAME: EVOLVE FACILITY MANAGEMENT PTY LTD Please use Surname as Description			

Membership Number Processing Date

RETURN TO PERTH MOTORPLEX

Email to Reception@motorplex.com.au

Tax Invoice required? - Yes No