

Bucket Racing Association of NSW

_____ (insert year) **Membership Form**

PLEASE PRINT (Neatly)

Surname: _____ **Given names:** _____

No./Street: _____ **Suburb:** _____

City: _____ **State:** _____ **Post code:** _____

Phone (H): _____ **(W):** _____ **(Mob):** _____

Email: _____

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

Other M/C club m'ships: _____

Current buckets: _____

Other current motorcycles: _____

I hereby agree to abide by the rules and regulations as set down by the BRA NSW

Date: _____ **Signature:** _____

Please enclose a *stamped self addressed envelope* to receive your receipt & membership card.

Include payment of \$20 by cheque, money order, or direct deposit. Make cheques payable to: "The Bucket Racing Association of NSW" crossed "Not Negotiable"

Direct Deposit: BSB: 06 2589 Account: 1027 6119

Name: "Bucket Racing Association"

Direct Deposit Reference: _____

NB: Use your name or some other identifying information in the transfer and copy it above.

Then send this application to:

**The B.R.A.
c/o John Olip
32 Canonbury Grove
Dulwich Hill NSW 2203**