



North-West Remote Control Car Club Inc. Membership Form

New Membership
 Renewing Membership
 Change Of Personal Details

Personal Details

First Name: _____ Last Name: _____
 Mailing Address: _____ Home Phone: () _____ Male
 City / Suburb: _____ Work Phone: () _____
 State: _____ Post Code: _____ Mobile Phone: _____ Female
 Date Of Birth: DD / MM / YYYY Email: _____

If under the age of 18 years, Please provide the following information

Parent / Guardian Name: _____ Relationship: _____
 Mailing Address: _____ Home Phone: () _____
 City / Suburb: _____ Work Phone: () _____
 State: _____ Post Code: _____ Mobile Phone: _____

Emergency Contact

First Name: _____ Last Name: _____
 Mailing Address: _____ Home Phone: () _____
 City / Suburb: _____ Work Phone: () _____
 State: _____ Post Code: _____ Mobile Phone: _____

Medical History

Current Medical Problems: _____
 Current Medication: _____
 Allergies: _____
 Any Other Details: _____

Have You Had

(optional)
 Epilepsy
 Diabetes
 Heart Conditions
 Asthma
 Private Health Cover
 Yes
 No

To the best of my knowledge, all information contained on this form is true & correct.
 I hereby agree to follow the rules of the NWRCCC Inc. as outlined in its Constitution and By-Laws.
 I will place myself at the disposal of the Committee(s) and/or Race Official(s), and follow their
 instruction so long as they do not contravene any Federal, State or Local Laws. I realize that the
 aspect of the sport may be dangerous and accept all risks thereunto, provided all reasonable
 safety precautions have been taken. I understand that I must dress myself in an appropriate manner.
 I also agree that I will keep NWRCCC Inc. up to date with any personal and/or medical information.

Signature: _____ Signature: _____
 Print Name: _____ Print Name: _____
 Date: DD / MM / YYYY Date: DD / MM / YYYY

If under the age of 18 years, Parent / Guardian must also sign

Office Use Only
 Membership Paid _____ Member First Joined DD / MM / YYYY Approved _____

All information will be kept strictly confidential and on file for purposes of insurance and/or emergencies only