



## Historic Racing South Africa - Membership Form - 2020

**Please note the applicable pricing as follow:**

Single Membership Renewal = **R750** | First time Single Membership Registration = R150 + Single Membership (R750) = **R900**

Dual Membership\* Renewal = **R900** | First time Dual Membership\* Registration = R150 + Dual Membership (R900) = **R1050**

Is this a New or Membership Renewal?

NEW	<input type="checkbox"/>	RENEW	<input type="checkbox"/>
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Is this a Single or Dual Membership?

SINGLE	<input type="checkbox"/>	DUAL	<input type="checkbox"/>
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*Tick applicable box*

**PLEASE PRINT AND COMPLETE ALL FIELDS**

### **Main Member**

Name and Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_

Cell No \_\_\_\_\_ Home No \_\_\_\_\_

Work No \_\_\_\_\_ Fax No \_\_\_\_\_

### **Second Member**

Name and Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_

Cell No \_\_\_\_\_ Home No \_\_\_\_\_

Work No \_\_\_\_\_ Fax No \_\_\_\_\_

### **Address Information**

**Postal Address**

**Physical Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Code:** \_\_\_\_\_

**Code:** \_\_\_\_\_



**Emergency Contact Person for Main Member**

Name and Surname \_\_\_\_\_

Contact No \_\_\_\_\_

**Emergency Contact Person for Second Member**

Name and Surname \_\_\_\_\_

Contact No \_\_\_\_\_

**Please indicate in which HRSA Category(s) the Main Member will race**

No Category	<input type="checkbox"/>	Historic Pursuit	<input type="checkbox"/>	Historic Saloons	<input type="checkbox"/>
Sports & GT	<input type="checkbox"/>	Historic Production	<input type="checkbox"/>	Historic Endurance	<input type="checkbox"/>

***Tick applicable box***

**Please indicate in which HRSA Category(s) the Second Member will race**

No Category	<input type="checkbox"/>	Historic Pursuit	<input type="checkbox"/>	Historic Saloons	<input type="checkbox"/>
Sports & GT	<input type="checkbox"/>	Historic Production	<input type="checkbox"/>	Historic Endurance	<input type="checkbox"/>

**I hereby accept the conditions and stipulations of the HRSA Code of Driver Conduct.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Banking Details:**

**Account Holder:** HRSA

**Bank:** Nedbank

**Branch:** Johannesburg

**Account No:** 1950 473333

**Ref No:** Name & Surname

**Email proof of payment to:** [secretary@historicracing.co.za](mailto:secretary@historicracing.co.za)

**\* - As decided at the Excom Meeting of 14 August 2019, dual/family membership will include one (1) driver and a spouse or child and NOT TWO DRIVERS.**