



Historic Racing South Africa - Membership Form - 2022

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"/>
-----	--------------------------	-------	--------------------------

Is this a Single or Dual Membership?

SINGLE	<input type="checkbox"/>	DUAL	<input type="checkbox"/>
--------	--------------------------	------	--------------------------

Tick applicable box

PLEASE PRINT AND COMPLETE ALL FIELDS

Main Member

Name and Surname _____

Date of Birth _____ Membership No _____

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 _____

Email Address _____

Emergency Contact Person for Second Member

Name and Surname _____

Contact No _____

Email Address _____

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: HRCR

Bank: Nedbank

Branch: 198765

Account No: 1522108580

Ref No: Name & Surname

Email proof of payment to: stewart@bmautogroup.co.za