



**Application for Australian Speedway  
Accident Fund 2009-2010**

**Coverage is only available to members of a member  
Club.**

CLUB .....

NAME .....

ADDRESS .....

..... POST/CODE .....

PHONE: HOME ..... WORK .....

DATE OF BIRTH .....

NAME OF BENEFICIARY .....

AMBULANCE FUND NUMBER AND EXPIRY DATE .....

**Compulsory eg Ambulance Fund or Centrelink Healthcare card**

ACCIDENT FUND CARD NUMBER .....

DATE FEES PAID .....

*Please tick appropriate box.*

Driver \$ 50.00  Pit Crew \$40.00  Junior Driver \$30.00   
Junior Crew \$ 25.00

Class of car .....

APPLICANTS SIGNATURE .....DATE.....

PARENT / GUARDIAN SIGNATURE (if Junior) .....

Please enclose a passport photo with payment. This will be attached to your membership card.

Please forward completed form with payment to: The Secretary  
Australian Speedway Accident Fund, PO Box 8, Timboon Vic 3268