

## CLUB/ASSOCIATION APPLICATION FORM

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We here by apply to be an affiliated financial member of the WA Speedway Commission and through this membership the Club/Association agrees to support and contribute to the development of speedway in Western Australia. This application also certifies that a Risk Management Plan is in place as required by the regulatory processes of the WA Speedway Safety Governance Framework and that it is regularly reviewed by the management body.

### Personal Information

Club/Association Name:			
Contact Name:			
Phone:		Fax:	
Postal Address:			
Postcode:		Email address:	
Association Insurance Company:			
Expiry Date:			

\*Please provide a copy of your Association Insurance Policy.

Do you have a Risk Management Plan?                      Yes                      No

Date of last Risk Assessment/ Management Review:

### Club Office Bearers/Officials

Position/ Organisation	Name	Contact Phone Number
President		
Secretary		
Treasurer		
Chief Steward		
Chief Scrutineer		
Safety Officer		
Other Personnel		

Affiliation with National Body:      Yes                      No                      Name

Affiliation with State Body:          Yes                      No                      Name

Agreement: The Club agrees to be bound by the conditions of the Western Australian Speedway Commission Inc. and certifies that the details contained herein are true and correct.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Personal information collected by the WA Speedway Commission is for the primary purpose of membership requirements and/or competition purposes. It will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act".

**Club/Association Affiliation 2017/18:**      **\$285 (GST Included)** *This form becomes a tax invoice once payment is made.*

**WA Speedway Commission**

Payment Details: BSB 633-000

Account Number: 151681632

**Cheques:      WA Speedway Commission**

PO Box 1154

Osborne Park DC, WA, 6916

Date of last Risk Assessment/ Management Review:

**WASC Office Use Only**

Insurance Certificate sighted

Club/Association Affiliation Number:

Payment received

Affiliation Certificate issued

Risk management plan