



WEST AUSTRALIAN LARGE SCALE OFFROAD ASSOCIATION.

MEMBERSHIP FORM

WWW.WALSOA.ORG

I the undersigned agree to abide by the WALSOA rules & Constitution and give permission for my contact details to be passed on to any other member of the WALSOA.

Signed _____

Date: __/__/__

Membership: (please tick) ☐ Non Racing Member ☐ Full Member

Full Name: _____

Address: _____

Occupation: _____

Date of Birth: _____

Home Phone : _____

Work Phone (optional): _____

Mobile Phone: _____

Email Address: _____

FOR OFFICE USE

Membership Number: _____

☐ Membership Paid

Signed: _____ Date: __/__/__

(must be signed by either the President, Vice President, Treasurer or Secretary)

..... (cut here)

Receipt of WALSOA Membership West Australian Largescale Offroad Association

☐ Membership Paid in Full ☐ Non Racing Member ☐ Full Member

Signed : _____ Date: __/__/__

President: Jamie Schoen

Ph: 0411547223

<http://www.walsoa.org>