



P.O. Box 1551 Mount Gambier SA 5290 www.seacsa.com Ph/Fax 08 8723 4011

First name Last name

Residential Address

Postal Address (write "as above" if the same)

Phone - Home Work Mobile

Email (for newsletter)

Date of Birth Occupation

Emergency Contact Ph.

Vehicles (year/make/model/colour)

Category (Circle) Motorkhana Khanacross Autocross Trial Rally Hillclimb Historic

CAMS Licence No. Type Expiry Date

Type of SEAC Membership (Circle)

Single Family 1 Family 2 Junior Associate 1 Event 6 month Affiliate

SEAC Membership No.

If applying for Family Membership, list other members details

Name Date of Birth

CAMS Licence No. Type Expiry Date

Name Date of Birth

CAMS Licence No. Type Expiry Date

Do you have a CAMS Officials Licence ? Yes/No Grade

OFFICE USE ONLY

Date Receipt No. Amount Paid