



Emerald Motorsports Association Inc. (EMA)

Membership application

Relevant fees must accompany this application.

Full Name: _____

Occupation: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Previous member;

Racing licences, (AASA, MA, AMA, Racers, Other;)

Official Qualifications; _____

Emergency contact name: _____

Emergency contact phone: _____

Relationship: _____

I _____ accept and agree to abide by the EMA
model rules and objectives.

Applicant signature: _____

Date: _____

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Membership accepted: (signed) _____

Receipt issued: (signed) _____