



APPLICATION/TAX INVOICE – UNLIMITED LICENCE

LAST NAME GIVEN NAMES

ADDRESS

SUBURB STATE P/CODE

PHONE WK HM MOBILE

EMAIL BIRTH DATE GENDER

ABN (if app) PLACE OF BIRTH

NAME/ADDRESS OF MEDICAL EXAMINER

CIVIL DRIVERS LICENCE NO. PLACE OF ISSUE

ANDRA MEMBERSHIP NUMBER CLUB (if app)

OCCUPATION

1. Have you previously held a permanent ANDRA Licence? YES NO NUMBER

2. Are you under any suspension or disqualification in relation to any sport? YES NO

If YES, give details _____

LICENCE TYPE UNLIMITED GROUP 2 + SCO (\$435 inc GST) UNLIMITED GROUP 3 + 4 (\$320 inc GST)

I certify that the answers given are true; and that I/we are under no disability, which, if known to ANDRA, might cause it to reject this application. If issued with the above credentials I/we undertake to observe all the requirements of the ANDRA Competition Regulations, and of the Supplementary Regulations of any authorised event in which I/we participate.

DATE..... SIGNED(Applicant must Sign)

Enclosed \$_____ by *Cheque / Money Order / Direct Deposit (EFT) / Credit Card details, a completed ANDRA medical examination form and a **current passport size photograph** for attaching to the Licence. (Delete whichever does not apply. Cash must not be sent via mail) A fee of \$5.50 (inc GST) will be charged in the event that any additional correspondence is required occasioned by incomplete or incorrect applications.

CREDIT CARD DETAILSPlease note that all credit card transactions will incur an additional \$2 (GST incl) surcharge****
 Mastercard Visa Expiry Date
Please charge my credit card No.
Signature of Cardholder.....Date.....

ELECTRONIC TRANSFER EFT DATE: ___ / ___ / ___
BSB: 015-257
Acc. No.: 4086 79838
Acc. Name: Australian National Drag Racing Association Inc.
Please use Surname or ANDRA Licence/Member Number as Description

OFFICE USE ONLY
New / Renewal
Lic. No.....Name.....
Log No.....Date.....