



Canadian Race Communications Association



2010 MEMBERSHIP APPLICATION

Please ensure you complete both sides of this form, sign and mail it along with your signed CASC application, a copy of your logbook and payment to the address on the back of this form

NEW MEMBER

CRCA FEE: \$15.00
 CASC LEVY: PAID
 Total: \$15.00

RENEWAL

CRCA FEE: \$15.00
 CASC LEVY: PAID
 Total: \$15.00

ACTIVE LIFE

CRCA FEE: \$ NIL
 CASC LEVY: PAID
 Total: \$ 0

Proof of eligibility must be submitted

Interests

Want to get closer to the action?

Sign Here



Surname: _____ First Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Work: _____ Ext: _____

Email: _____

Logbook #: _____ Club: _____

DOB (if under 18 yrs): (DD/MMM/YY) / /

Note: New members under 18 years must submit signed Consent and Release forms

Current Marshal's License (Level): Probationary Basic Intermediate
 Advanced N/A

Competition Licenses (please specify)

Other Related Licenses (please specify)

Have you received a copy of the Marshal's Guide? (New Marshals) Yes No



Marshalling Motorcycles Cars Social

As a condition of membership, I the undersigned, acknowledge the following:

I have received, read and understand the CRCA Policy on Sexual Harassment and Discrimination. In addition, I agree to abide by the Club's rules as defined in this policy.

I agree to abide by the Club's rules as defined in the CRCA Rules and Regulations.

The information provided in this application is complete and accurate to the best of my knowledge.

Signature

_____/_____/_____
Date (DD/MMM/YY)

Emergency Contact Information – Please help us keep our records current

Surname: _____ First Name: _____
Address: _____
City: _____ Province: _____ PC: _____
Phone: _____ Work / Cell: _____ Ext: _____
Relationship to you: _____

Personal Medical Information (OPTIONAL)

Drug Allergies: _____
Other Allergies: _____
Current Medical Conditions: _____
Current Medications: _____
Physical Limitations: _____

Miscellaneous Information

Total Number of CASC-sanctioned events to date (must be completed if applying for Life Membership): _____

NEW MEMBERS ONLY - Previous Marshalling Experience

Number of years: _____
Where: _____
Licenses Held: _____
Qualified As / Level of Qualification: _____
Anything you'd like to add: _____

For Office Use Only

Date Received: _____
Cash/Cheque \$ _____ # _____
CRCA Dollars \$ _____
 Card Issued
 Processed

Please send

this form, the signed CASC license application and a copy of your logbook

with your cheque (payable to CRCA) to:

**CRCA Member Services
P.O. Box 307
Shannonville, ON
K0K 3A0**

**NOTE: ALL N.S.F. CHEQUES
ARE SUBJECT TO A \$30.00 BANK CHARGE**

**IF RENEWING YOUR LICENSE, YOU MUST INCLUDE A PHOTOCOPY
OF YOUR LOGBOOK WITH THIS APPLICATION**

(You may submit the original and it will be returned to you with your membership card.)