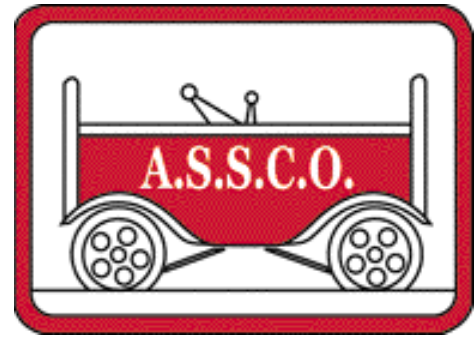


# Australian Society of Section Car Operators

ABN: 31 930 950 428

PO Box 333  
MOUNT OMMANEY QLD 4074  
admin@assco.com.au



## Membership Application Form

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### Section 1: Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I consent to my name and contact details that are included in the ASSCO operational database being made available to other ASSCO members:  (optional)

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### Section 2: Membership Type

Please select one membership type only:

Active Member:

Non-Active Member:

Family Member:  ► Membership number of Active Member: \_\_\_\_\_

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### Section 3: Applicant Qualifications (optional)

ASSCO Members are required to undergo training as part of their membership. The following qualifications are not a requirement to become a member of ASSCO, however if already held can assist with training requirements upon membership acceptance:

I have a category \_\_\_\_\_ medical certificate:  ► Expiry Date: \_\_\_\_\_

I have a current road traffic control qualification:  ► Expiry Date: \_\_\_\_\_

I have a current senior first aid or CPR certificate:  ► Expiry Date: \_\_\_\_\_

I have a current SARC qualification:

I am currently employed in the rail industry:  ► Company: \_\_\_\_\_

Position: \_\_\_\_\_

I am currently not employed in the rail industry:  ► Industry: \_\_\_\_\_

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#### Section 4: Car Information (optional)

If you already own a section car, please fill in the details below. It is not a requirement to own a section car to be a member of ASSCO.

Car Model: \_\_\_\_\_ Fleet Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Engine Number: \_\_\_\_\_ Gauge: \_\_\_\_\_

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#### Section 5: Payment Information

Membership dues are payable on 1<sup>st</sup> July each year.

- Applications between 1<sup>st</sup> July and 31<sup>st</sup> December (full year), the following dues apply for new member applications:

Active Member:	\$225 (\$100 membership + \$100 insurance + \$25 RSW ID Card)
Non-Active Member:	\$100 (\$100 membership)
Family Member:	\$125 (\$100 membership + \$25 RSW ID Card)

- Applications between 1<sup>st</sup> January and 30<sup>th</sup> June (½ year), the following dues apply for new member applications:

Active Member:	\$125 (\$50 membership + \$50 insurance + \$25 RSW ID Card)
Non-Active Member:	\$50 (\$50 membership)
Family Member:	\$75 (\$50 membership + \$25 RSW ID Card)

I've included \$\_\_\_\_\_ for my membership application.

I will electronically transfer my membership application fee when my application is accepted.

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#### Section 6: About You (optional)

ASSCO draws a wide and diverse membership, with members assisting each other outside events in relation to restoring or maintaining their section cars. Please outline any skills or qualities you could bring to the society:

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## Section 7: Applicant Declaration

I acknowledge my membership shall be valid once it is accepted at a meeting of the management committee, in accordance with the ASSCO's constitution. I also understand that:

- Membership dues are renewable on July 1<sup>st</sup> of each year, with fees subject to annual review.
- Membership is subject to the ASSCO constitution.
- I will participate in accordance with ASSCO's safety management system (SMS), rules, and regulations of the society.
- I have read the membership pack.
- I will participate in training as required by ASSCO's trainers, rail safety legislation or rail authorities.
- I understand that medical certificates are renewable generally every 5 years (subject to age requirements) and this cost is borne by myself.
- Membership application decisions made by the management committee are final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return application form (with payment) to:**  
**ASSCO, PO Box 333, MOUNT OMMANEY QLD 4074**

-or-

**Email scanned application form to:**  
[admin@assco.com.au](mailto:admin@assco.com.au)

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### **Administrative Use Only:**

Date application received: \_\_\_\_\_

Date acknowledgement sent: \_\_\_\_\_

Application accepted:       Yes  No      Reason/Notes:

Date welcome pack sent: \_\_\_\_\_

Member Number: \_\_\_\_\_

Database Updated?       Yes  No

Training Required?       Yes  No

Medical Certificate Required:       Yes  No

ASSCO Induction Required:       Yes  No

SARC Required:       Yes  No

Assisting Members: \_\_\_\_\_

SEQ  CQ  NQ

