



MOTORCYCLING AUSTRALIA
COMMISSIONER AND COMMITTEES
APPLICATION FORM

Full name _____

Address _____

Phone number _____

E-mail _____

I would like to apply for _____

How long have you been involved in motorcycle sport? _____

My skills and experience in this Commission would be of added value because, _____

Do you hold a Motorcycling Australia (MA) Competition or Officials Licence? Yes / No

Office use only

Licence type _____

Endorsements _____

Official's level _____



MOTORCYCLING AUSTRALIA
COMMISSIONER AND COMMITTEES
APPLICATION FORM

Are you currently employed? Yes / No

Company _____

Position held _____

Please attach any other supporting documentation with this application.

Please see chapter 9 of the [2015 MA Manual of Motorcycle Sport](#) (MoMS) for more information on Sporting Commissions and Committees.

SCB ENDORSEMENT

Date:

Signed:

Please click on 'Submit and e-mail' below.

Or return this form to:

Motorcycling Australia
PO Box 134
South Melbourne. Vic. 3205

Marked 'Confidential'

Or E-mail all documents to:
senioradmin@ma.org.au

Or Fax all documents to 03 9684 0555

