



2017 ECTRA Membership Form Day/Full

***Given Names:**

***Surname:**

***Postal Address:**

***D.O.B**

dd mm / yy /

***Mobile:**

***Email:**

Heading number:

Heeling number:

***SECTION MUST BE FILLED IN**

Full Membership Fee: \$125.00

Day Membership Fee (covers both days of event): \$30.00