THE VINTAGE MOTOR CYCLE CLUB OF WA

MEMBERSHIP APPLICATION FORM

Family Name:		Given Names:	Given Names:		
Date of Birth:		Phone/ Mobile	Phone/ Mobile #:		
Email address: (required)		Postal Address	Postal Address (incl postcode):		
Partner or Emergency contact name:		Contact's Phon	Contact's Phone #:		
Previously a member? Please indicate dates if known:		Membership N	Membership Number (if known):		
Declaration and Indemnity: I here Club of WA (VMCCWA). In sign club members, with this applicate VMCCWA. I understand that all resignature of Applicant:	ning I agree to indetion except insofar	emnify the VMCCV as same are cove	WA, the promoters and or red by an insurance poli	rganisers and all other	
Fees payable upon joining: please Newsletter or to receive a free em club rooms in Wattle Grove. If yo	ailed copy. Country	y memberships are t	for those who reside more	than 100km from the	
Note: fee shown includes a once-	off joining fee of \$7	75:			
(Please tick appropriate box):					
1. Metro Fee with printed Newsletter: \$170		or with an e	mailed Newsletter: \$125		
2. Country Fee with printed Newslet	ter: \$165	or with an en	mailed Newsletter: \$120		

How to pay: Payment by direct deposit (is the preferred method). Direct deposit details: **Westpac – BSB 036-226 – Account – 704726.** Please ensure you include personal identifying details with the direct deposit. You must ensure the following details are included in the bank transfer: Account Name – VMCCWA, Description – Membership Application. Reference – Your Name (this is essential).

METHOD OF PAYMENT - CASH, CHEQUE, CREDIT CARD, EFT TRANSFER (please circle/highlight).

Please forward this form by email to membership@vmccwa.com along with payment confirmation details. Alternatively send your application to VMCCWA Membership Secretary, PO Box 139, BYFORD 6122 WA

Application form - 19 Aug 2025