



Vintage Sports Car Club of W.A. Inc.

Membership Application 2011- 2012

PO Box 1097, HILLARYS WA 6925
Telephone: 08 9401 1449
ABN 49 845 981 838
Email: entries@vsccwa.com.au
Web: www.vsccwa.com.au

Please tick type of membership sort:

Full Membership Annual Fee	\$140.00	Nomination Fee	\$25.00			TOTAL	\$	
Full Membership	\$140.00	Nomination Fee	\$25.00	Less Pensioner Concession	\$20.00	TOTAL	\$	
Family One of the above plus additional	\$11.00	For each Family Member			X	\$11.00	TOTAL	\$
Associate One of the above plus additional	\$30.00	For each Associate			X	\$30.00	TOTAL	\$
Temporary Membership Valid for 3 Days Only						TOTAL	\$	
GRAND TOTAL							\$	

Name – *in full*: Title(.....).....Date of Birth:.....
 Postal address details – *include post code*:
 Post code:
 Home telephone: Business telephone:.....
 Facsimile number: Mobile telephone:
 E-mail address: (Please Print).....
 I would like to receive correspondence by E-mail (*please circle*) **Yes / No**
 Occupation – *optional*:
 CAMS Licence Number: (if applicable).....

For Family membership only – member's family who are under the age of 21 years and are not employed

Name – *in full*: Title(.....).....Date of Birth:.....
 Postal address details – *if different to above*:
 Post code:.....
 Home telephone:..... Mobile telephone:
 Name – *in full*:..... Date of Birth:.....
 Postal address details – *if different to above*:.....
 Post code:
 Home telephone:..... Mobile telephone:.....

Competition Vehicle(s):

Year	Make and Model	Capacity (cc)	Colour	Class

Other Vehicles owned of Special Interest:

Year	Make and Model	Capacity (cc)	Colour	Class

Proposer – (print name) _____ Signature: _____
 Seconder – (print name) _____ Signature: _____
 Applicant's signature: _____ .Date: _____