

**MEMBER PERSONAL DETAILS MEMBERSHIP NO. **

***(As per car registration where appropriate please)***

***(Please PRINT clearly)***

**VINTAGE AUTOMOBILE ASSOCIATION WA Inc.**

**MEMBERSHIP APPLICATION**

***Please return to: VAA Secretary, PO Box 1399, Midland DC 6935 WA***

**Member Details**

Mr/Mrs/Ms:

|  |
| --- |
|  |

Surname:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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First Name:

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Occupation:

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**ADDRESS**

Street No: Street Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Suburb/Town:

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State: Postcode

|  |  |  |  |  |  |  |  |
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***Spouse/Partner Details***

Mr/Mrs/Ms:

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|  |

Surname:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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First Name:

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**Are you happy to be contacted to display your vehicle? YES NO**

DOB:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| dd/\_\_\_\_ mm/\_\_\_\_yy/\_\_\_\_  Home Phone:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | (08) |  |  |  |  |  |  |  |  |   Work Phone:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | (08) |  |  |  |  |  |  |  |  |   Mobile:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   Email:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |

DOB:

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| dd/\_\_\_\_mm/\_\_\_\_yy/\_\_\_\_\_  Spouse Mobile:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |

Spouse Email:

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*I / We hereby apply for membership of the Vintage Automobile Association of WA (Inc.) and, on being accepted, agree to abide by the Constitution and Rules of the Association.*

* *My subscription is tendered herewith and will be returned should I not be accepted.*
* *I give permission for my personal details to be used within the Vintage Automobile Association of WA (Inc.) and published in official publications and correspondence of the VAA of WA (Inc.).*
* *A copy of the Constitution and club rules of the Vintage Automobile Association of WA (Inc.) included on acceptance to club.*
* *Completed application form must be accompanied with full payment.*

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

**NOMINATED BY:** *(Must be a current financial member of the Association)*

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE DETAILS ON THE REVERSE SIDE OF THIS FORM**

**MEMBER VEHICLE DETAILS**

**ENTER DETAILS OF YOUR VEHICLES (25 years or older) for the V.A.A. VEHICLE REGISTER. IF you have more than five vehicles, add details below.**

**Concessional licensed vehicles to be registered with VAA to be listed below.**

**Vehicle Category:** Veteran (up to and including 31 Dec 1918),

Vintage (1 Jan 1919 to 31 Dec 1930),

Post Vintage (1 Jan 1931 to 31 Dec 1949) or Invitation (after 1 Jan 1950 to no less than 25 years old). May include unique, or historical vehicles under 25 years of age

if accompanied by a CMC2 Form)

Vehicle Type: Car, Truck, Ute, Tractor, Motor Cycle or Stationary Engine

License Type: Concessional, Full or Unlicensed.

Body Type: Tourer, Sedan, Coupe, S/wagon, Racer, etc.

Condition : Original, Older Rest, Restored, Under Restoration or Parts,

Spouse Reg: Is the vehicle registered in your spouse’ s name (Y/N)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** | **Vehicle 4** | **Vehicle 5** |
| Vehicle Category |  |  |  |  |  |
| Vehicle Type |  |  |  |  |  |
| Make |  |  |  |  |  |
| Year |  |  |  |  |  |
| Model |  |  |  |  |  |
| Body Type |  |  |  |  |  |
| Condition |  |  |  |  |  |
| Colour |  |  |  |  |  |
| Cylinders |  |  |  |  |  |
| Engine No. |  |  |  |  |  |
| Chassis No. |  |  |  |  |  |
| License Type |  |  |  |  |  |
| License Plate No. |  |  |  |  |  |
| Club |  |  |  |  |  |
| First Registered |  |  |  |  |  |
| Spouse Registered |  |  |  |  |  |
|  |  |  |  |  |  |

**MEMBERSHIP FEES DETAILS**

**Nomination fee: $ 50.00**

**Plus: Full Year Membership $ 75.00 (JULY TO JUNE)**

**Or Part Year (Pro rata)** *fee is calculated at $6.00 per month to the end of June.*

**MEMBERSHIP FEES PAID WITH THIS APPLICATION**

Nomination Fee $ **50:00**

*Plus*Yearly Fee (Full Year) [ $75.00] $ \_\_\_:\_\_\_\_

OR Pro rata (number of months to July 1st ( \_\_ x $6 25) = $ \_\_\_:\_\_\_\_

***(if joining in May or June, please add $75 for next year.)*** $ \_\_\_\_:\_\_\_\_***TOTAL* $**\_\_\_\_:\_\_\_

**Cash Cheque / Money Order Electronic Funds Transfer ( Credit Card**

**(Please tick one)**

***Payments can be made via Electronic Funds Transfer Direct Deposit to:***

**Bank Details: Police & Nurses , BSB: 806 015 ACCOUNT NO: 02120599**

**Please include in the Reference: “ Fees + Your Surname + Initial”**