

VINTAGE AUTOMOBILE ASSOCIATION OF WA (INC)

MEMBERSHIP APPLICATION

Please return to

VAA Secretary
PO Box 1399
Midland DC 6936
WA



MEMBER PERSONAL DETAILS

(As per car registration where appropriate please)

(Please PRINT clearly)

Mr/Mrs/Ms _____
Surname: _____ DOB: _____/_____/_____
First Name: _____ Home Phone: _____
Occupation: _____ Work Phone: _____
Address _____ Mobile: _____
Suburb/Town _____ Email: _____
State _____ Postcode _____
Are you happy to be contacted to display your vehicle? _____

Spouse/Partner

Mr/Mrs/Ms _____
Surname _____ DOB: _____/_____/_____
First Name: _____ Spouse Mobile: _____
Spouse Email: _____

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 ENTER ALL FEE PAYMENT DETAILS AND ALL ELIGIBLE CLUB VEHICLE DETAILS ON BACK****

MEMBERSHIP FEES DETAILS

FEES PAYABLE: Nomination fee: \$ 50.00
Plus: Full Year Membership Fee \$ 75.00 For the full year (JULY TO JUNE)
Or Part Year -- fee is calculated at \$6.00 per month to the end of June.

MEMBERSHIP FEES PAID WITH THIS APPLICATION:

Nomination fee \$ 50.00
 Plus Annual Fee [\$75.00] \$ _____
OR Part Year (months to July 1st __ x \$6) = \$ _____
(if joining in May or June, please add \$75 for next year.)
Payment included with this application TOTAL \$ _____

Cash Cheque / Money Order Electronic Funds Transfer **(Please tick one)**

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

Bank Details: Account: VAAWA, BSB: 306 041, Account No: 0583650

Reference: "Fees + Your Surname and Initial"

Membership Application accepted:

(office use only)

Signed: _____ Date: ____/____/____ **Membership No.**
 Secretary / Registrar

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.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle5
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					

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)?**