MEMBERSHIP APPLICATION

Please return to V.A.A. Registrar
19 Helen Street
Bellevue 6056

Membership No_____

Mr. .....
SURNAME INITIALS PREFERRED FIRST NAME OCCUPATION

Mrs.
Ms .....
SURNAME INITIALS PREFERRED FIRST NAME OCCUPATION

ADDRESS.....
No. STREET TOWN POSTCODE

PHONE NUMBER: *Home* _____ *Work* _____ *email:* _____

FEES:	**Nomination fee**	***$50.00***
	Full Year	**fee of *$50.00* for the full year (JULY to JUNE.)**
	Partial Year	**fee is calculated at *$4.00* per month to the end of June.**

Nomination fee			$ **50.00**	
Annual Fee			$ _____	
OR	**Part Year**	(months to July 1st __ x $4 =)	$ _____	***(if joining in May or June,***
			$ _____	***Please add $50 for next year.)***
Payment included with application		**Total**	$ _____	

1 / 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.

Signature _____ **Signature** _____ **Date** _____

DETAILS OF YOUR VEHICLES (25 years or older) for the **V.A.A. VEHICLE REGISTER**
Add another list if you have more than five vehicles. *Please include ALL Vehicles you want put on register.*
Concessional licensed vehicles MUST be included

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle5
Vehicle Type					
Make					
Year					
Model					
Body Type					
Cylinders [layout]					
Engine No.					
Chassis No.					
Condition					
License Type					
License No.					
Colour					

Vehicle Types : Car, Truck, Ute, Tractor, Motor Cycle, Stationary Engine Body Type : Tourer, Sedan[2/4 dr], Coupe, S/wagon, Racer, etc
Condition : Orig, Rest, Un_Rest, Parts, Rusting.

Application accepted to Membership. Signed: _____ Date : _____
Registrar