APPLICATION FOR MEMBERSHIP TO HMCWA Inc.

NAME: _____

ADDRESS: _____ POST CODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

NOMINATED BY (1) _____

NOMINATED BY (2) _____

What is your interest in joining, what will you bring to the Club:

- Intend to own a Pre-1965 motorcycle ? Yes/No
- Intend to have it on Concessional Licence Code 404 ? Yes/No
- Intend to have it on Concessional Licence Code C4C ? Yes/No
- Offering to be 'Back-up' on rides
- Interest in joining the Committee ? Yes / No
- Interest in organising Club rides including route sheets ? Yes / No
- Present examples of your restoration work at meetings ? Yes / No

In making this application I hearby agree to abide by the Constitution of the HMCWA. A copy of the state's model rules can be viewed at the following link www.commerce.wa.gov.au/modelrules

SIGNITURE: _____ DATE: _____

Annual Membership Fee (28 February) $35.00. Joining Fee $50.00

Please make cheques payable to HMCWA or electronic funds transfer:

- BSB 066-159
- Account number 11062051 Reference: Initial and Surname.

Upon completing this electronic application form, either:

- lodge electronically by clicking on the email link below; or
- print the pdf and email to Treasurer; Geoff Coole at hmcwa065@gmail.com; or
- post to 5 Adina Way ROCKINGHAM WA 610.

OFFICE USE ONLY

Application received on _____/_____/20__. Payment method Cash /Cheque / EFT

Application was approved / declined by management committee on ____/____/20__.

The HERITAGE MOTORCYCLE CLUB OF WESTERN AUSTRALIA Inc.

Dedicated to restoring and riding of motorcycles built up to 1965.