



2017

MEMBERSHIP APPLICATION

Memberships Expire on November 30 Each Year.

Email your Membership Application to: memsec@historicroacing.asn.au or post it to the **Membership Secretary HCMC, PO Box 568, SOUTH PERTH WA 6951.**

The Club's Constitution is available on the Club's website at www.historicroacing.asn.au

Please tick the appropriate box:

I am a financial member of the club.

I am a former member whose membership has expired.

I have never been a member of the HCMC. **NEW MEMBER**

Membership No.

Office Use Only

NOTE: New members (Competition or Associate) must be nominated by a current financial member.

If you don't know a current financial member you can attend a Club General Meeting to be nominated.

Title *Mr / Mrs / Miss*

First Name		Surname		Birth Date	
Email Address					
Street Address				Post Code	
Postal address				Post Code	
Phone	Land Line		Mobile		

Please nominate which address you want to appear on the Club Membership Register.	E-mail		Street		Postal
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TYPE OF MEMBERSHIP REQUESTED (Please tick the appropriate boxes)

COMPETITION MEMBERSHIP Solo Rider Sidecar Rider Sidecar Passenger

ASSOCIATE MEMBERSHIP

VOLUNTEER Are you available to assist the club as a volunteer on tuning or race days? YES NO

New member nominated by:

Members Name		Membership No		Date	
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Competition Membership Annual Fees		
FINANCIAL MEMBER – paid prior to 30 November 2016.	\$80.00	\$
FORMER MEMBER - membership expired.	\$90.00	\$
NEW MEMBER.	\$90.00	\$
Associate Membership Annual Fee^{*1}.		
	\$40.00 Per Annum	\$
Colour Bumper Stickers^{*2}.		
	\$2.00 Each	Qty_____ \$

Agreement

I agree to abide by the HCMC's Constitution and bylaws and the Manual of Motorcycle Sport published by Motorcycling Australia.

Applicants Signature: _____ Date: _____

*1 Associate Membership can be upgraded to Competition Membership at any time.

*2 New members receive a colour bumper sticker with their first membership card.

- The club newsletter and special notices are emailed to members. If you don't have an email address the newsletter will be posted.
- Make cheques payable to The Historic Competition Motorcycle Club of WA (DO NOT ABBREVIATE)

Complete if paying by credit card			Cardholder's Name (Please print)		
Please deduct the amount from my:			Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>		
Card Number	Expiry	Amount	Cardholder's Signature		
/ / /	/ /	\$			