



2018

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					
Address					
Suburb				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 2017.	\$80.00	\$
FORMER MEMBER - membership expired.	\$90.00	\$
NEW MEMBER.	\$90.00	\$

Associate Membership Annual Fee ^{*1} .	\$40.00 Per Annum	\$
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Colour Bumper Stickers ^{*2} .	\$2.00 Each	Qty _____	\$
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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		
/ / /	/ /	\$			