

New Membership Application



Volkswagen Club of W.A. (Inc)

P.O. Box 175 Victoria Park Western Australia 6979

APPLICANT	Given Names			Family Name		
	Address					
	Suburb			Postcode		
	Preferred Name			Date Of Birth		
	Occupation			Home Phone		
	Work Phone			Mobile Phone		
	Email Address					

6 month Application 200708

VEHICLES	Make	Model		Year	Reg'n Number

FAMILY	Partner's Name			Date of Birth		
	Child's Name	Date of Birth		Child's Name	Date of Birth	
	1			3		
	2			4		

MEMBERSHIP	Membership Type		Fee for 6 months		Add the joining fee of \$10.00 to the membership fee. <i>The joining fee applies to all New Members</i> Under 18 / Associate has NO voting rights	Membership Fee \$ Joining fee + \$ 10.00 Amount to Pay = \$ _____	How did you learn about the Club?
	Metropolitan	Family	Join 1 Dec - 31 May	\$27.50			
		Single		\$22.50			
	Country	Family		\$17.50			
		Single		\$15.00			
Under 18 / Associate		\$15.00					

SIGN	I hereby agree to abide by the <i>Constitution and Bylaws of the Volkswagen Club of Western Australia Inc.</i> and enclose payment of the appropriate membership fees as set forth above.	
	Signature:	Date:

PAYMENT	CHEQUE <i>Make cheque payable to... Volkswagen Club of Western Australia (Inc)</i>	
	CREDIT CARD <i>cards accepted</i> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> <i>(tick box)</i>	
	Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card holder:		Signature:

Office Use	Receipt No.	Date:	Member No:	Database:	Card Issued:
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