

VINTAGE MOTOR CYCLE CLUB of W. A. (Inc)

Application for Membership

FAMILY NAME _____ GIVEN NAMES _____

ADDRESS _____

_____ POST CODE _____

OCCUPATION _____ DATE of BIRTH _____

TELEPHONE _____ MOBILE _____ E-MAIL _____

DECLARATION AND INDEMNITY

I HEREBY AGREE TO ABIDE BY THE CONSTITUTION AND REGULATIONS OF THE V.M.C.C. of W.A. (Inc) IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION, I AGREE TO SAVE HARMLESS AND KEEP INDEMNIFIED THE V.M.C.C. of W.A. (Inc), THE PROMOTORS AND ORGANISERS AND ALL OTHER CLUB MEMBERS, THEIR RESPECTIVE OFFICIALS, SERVANTS, AGENTS AND REPRESENTATIVES AGAINST ALL ACTIONS, CLAIMS, COSTS, EXPENSES AND ALL DEMANDS IN RESPECT OF DEATH, INJURY, LOSS OF OR DAMAGE TO THE PERSON OR PROPERTY OF MYSELF OR PASSENGERS HOWEVER CAUSED ARISING OUT OF OR IN CONNECTION WITH THIS APPLICATION, EXCEPT INsofar AS SAME ARE COVERED BY AN INSURANCE POLICY WITH THE MOTOR VEHICLE INSURANCE TRUST OR SOME OTHER INSURANCE COMPANY.

I UNDERSTAND THAT ALL MONIES PAID WILL BE REFUNDED SHOULD MY APPLICATION BE DECLINED.

APPLICANTS SIGNATURE _____ DATE _____

CLUB REFEREE _____

NUMBER _____

FEES:

Application Fee \$ 20

Annual Subscription	Metro Members	\$30 Single	\$35 Family
	Country Members	\$25 Single	\$30 Family

Please Circle (Country membership are those who reside more than 100km from the clubrooms in Wattle Grove).

Forward along with payment to:

VMCCWA
Membership Secretary
PO Box 124 Glenn Forrest WA 6071