New Membership Application

Volkswagen Club of W.A. (Inc)

P.O. Box 175 Victoria Park Western Australia 6979

APPLICANT

Surname		**First Name**	
Partner's Surname		**First Name**	
Address			
Suburb		**Postcode**	
Phone		**Date of Birth**	
Email Address			
Preferred Name		**Occupation**	
How did you hear about the club?			

VEHICLES

Make	Model	Registration Number	Year
1.			
2.			
3.			
4.			
5.			

MEMBERSHIP

Fee for 12 months	**$ 50.00** If join date** is 1 June to 30 November	**Fee for 6 months**	**$ 25.00** If join date** is 1 December to 31 May	**Membership Fee** **$**
	An administrative **Joining Fee of $10** applies to all New Members			**+ $ 10.00** Joining fee
	Your membership includes full colour emailed version of the club magazine VWWA. Do you also wish to receive a printed copy **Yes / No** a **Magazine Levy of $25** applies.			**+ $** Magazine Levy
	Total amount to pay			**= $**

SIGN

I hereby agree to abide by the *Constitution and Bylaws of the* ***Volkswagen Club of Western Australia Inc.*** and enclose payment of the appropriate membership fees as set forth above.

Signature: _____ ****Date:** _____

PAYMENT

CHEQUE *Make cheque payable to…* ***Volkswagen Club of Western Australia (Inc)***

CREDIT CARD *cards accepted* *MasterCard* ☐ *Visa* ☐ *(tick box)*

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐ / ☐☐

Card holder (print): _____ Signature: _____

DIRECT CREDIT *Account Name*: ***Volkswagen Club of Western Australia (Inc)***

BSB: **066 161** *Account Number*: **10035998** *Bank*: **COMMONWEALTH** *Branch*: **INNALOO**

Reference: **Family Name / Telephone No.** *(must be supplied so we are able to match your payment)*

Application September 2018

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