VINTAGE MOTOCROSS CLUB
of WESTERN AUSTRALIA inc.
Membership forms sent to 29 Williamson St, BAYSWATER 6053 or vmxwa.info@gmail.com

Membership Application

Name:..... DOB: .....
Occupation/Trade: ……..
Address:.....……
Suburb:……Post Code: ..... ……
Phone: .....…….....…..(hm) .....…….....……..... (wk) .....…….....…..... (mob.) …… (fax)
Email: .....……(Please print clearly)
Membership (circle) **Renewal / New** For Year 20…… (Membership is from 1st January to 31st December in any year)

For Club Members wishing to pay by direct debit. Account Name The Vintage Moto-cross club of W.A
BSB 036-069 ACCOUNT NUMBER 24-3603
Date of payment .....
You must make sure you include your name with payment and forward membership form to membership secretary.

Membership Type and Fees: (please tick those that apply)

[ ] **Full (Riding)**	**$100**	[ ] **Subsequent Family Member Riding**	**$50**
[ ] **Associate (Non Riding)**	**$30**	[ ] **Subsequent family Member Non Riding^**	**$0**
[ ] **Introductory M/ship***	**$15** *Entitles you to one race day only at committee discretion*		

* Introductory membership fee will be deducted from the Full membership fee if Full membership is taken in the same year.

^Additional non riding family members:……
MWA Racing Licence No: …….. Expiry Date: ……
VMX Racing No: …… Licensed First Aider (circle **YES / NO**
Race Bikes Owned/Riding *(list all including capacities, make and years)*...……..……
……...

MWA Accredited Official (circle **YES / NO** Official Licence No……Expiry……
Official Type / Level / Endorsements: ……
In order to assist in the running of race days I will be contacted for the appointment of one of the following official capacities, or be able to nominate a relative/friend at the time of appointment. Please also fill in the Annual Assistance Event Nomination Form with available dates. (*The need for MWA qualification applies)
Tick preference/s Steward* [ ] Clerk* [ ] Race Sec.* [ ] Scrutineer* [ ] Start/Finish* [ ]

Membership Conditions *(Please read and understand before signing)*

- *All members must abide by the club constitution and direction as may be given from time-to-time by the club's elected officials*
- *As a member holding a MWA official licence, I agree to participate in running events throughout the year. As a member without an official licence, I agree to assist or provide someone to assist with flagging when required. I acknowledge for my membership to be accepted I also have to complete and* ***attach the "Annual Assistance Event Nomination Form"*** *detailing my preferred dates to assist the club.*
- *As a member it is my responsibility to ensure I have up to date ambulance cover throughout the year*
- *I acknowledge that Motor Racing is dangerous and that engaging in the riding of a motorcycle as a part of the Vintage Motocross Club of Western Australia inc., or by attending at the venues run by the VMX club I am exposed to risk and dangers and under certain obligations that I accept and participate in at my own risk. The risks, dangers and obligations include but are not limited to:*
  - *I may be injured, physically or mentally and may be killed.*
  - *That my property including machinery or equipment may be damaged or destroyed.*
  - *That other riders may ride dangerously or with lack of skill.*
  - *That the conditions may be hazardous and may vary without warning and predictability.*
  - *That any policy of insurance or in respect of my life or physical or mental health may be void.*
  - *That there may be no or inadequate facilities for treatment and transport of me if I am injured.*
- ***Membership card*** *will be issued at the next* ***General/Race meeting****. If required before hand please enclose self-addressed stamped envelope for posting.*

Member sign: …….. Date: ……./……./20….
Parent/Guardian sign (if under 18): …….. Date: ……./……./20….

OFFICE USE ONLY
Paid (circle): **YES / NO** Receipt Number:…… Date Entered: ……../……../ 20…. Card Printed (Circle): **YES**

Vintage Motocross Club of Western Australia

Annual Assistance Event Nomination Form

Name	
Racing Number	

Fill in the event names in the boxes below where you would like to assist (noting that by becoming a member of the VMXWA you agree to participate in running at least 1 event per year). In the spirit of assisting the club with event organisation, please spread your preferences throughout the entire season. ** Note that you can nominate someone in your place if you wish to ride – please enter that person's name in the space provided below. The minimum age for flag marshalling is 16 years, however a flag marshal doesn't have to necessarily be a club member. Flag duties can be split into 2 half days or one whole day. Please indicate if you wish to nominate for 2 half days. Those members with other qualifications (MWA Officials) will be used for those duties.

Nomination for: (please tick)

Flag Marshal [ ] **Qualified Official [ ]**

	Event Name	Event Date	Name of Person you wish to nominate in your place (if applicable)
***First Preference**			
Second Preference			
Third Preference			
Fourth Preference			

Signed	
Date	

*** Though every effort will be made to accommodate your first preference, the positions will be allocated strictly on a 'first come first served' basis.**