VINTAGE MOTOCROSS CLUB

of WESTERN AUSTRALIA inc.

Membership forms sent to 3 Leiden Place, FORRESTFIELD 6058 or vmxwa.info@gmail.com

Membership Application

Name:	DOB:		
Occupation/Trade:			
Address:			
Suburb:	Post Code:		
Phone:(hm)	(wk)		
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 d BSB 036-069 ACCOUNT NUMBER 24-3603 Date of payment	ebit. Account Name The Vintage Moto-cross club of W.A		
You must make sure you include your name with	n payment and forward membership form to membership secretary.		
Membership Type and Fees: (please tick those t	hat apply)		
[] Full (Riding) [] Associate (Non Riding) [] Introductory M/ship*	\$80 [] Subsequent Family Member Riding \$40 \$20 [] Subsequent family Member Non Riding \$0 \$15 Entitles you to one race day only at committee discretion 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	s, make and years)		
MWA Accredited Official (circle YES / NO	Official Licence NoExpiry		
* *			
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* []		
 elected officials As a member holding a MWA official licen member without an official licence, I agree acknowledge for my membership to be ac Event Nomination Form" detailing my property in a second of the se	ce, I agree to participate in running events throughout the year. As a to assist or provide someone to assist with flagging when required. I recepted I also have to complete and attach the "Annual Assistance referred dates to assist the club. The provide someone to assist with flagging when required. I recepted I also have to complete and attach the "Annual Assistance referred dates to assist the club. The provide someone to assist with flagging when required. I referred to assist the club. The provide someone to assist with flagging when required. I require to assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist with flagging when required. I also assist the club. The provide someone to assist the		
Member sign:Parent/Guardian sign (if under 18):			

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

basis.

Racing Number				
Fill in the event names in the box	xes below where you would like to assist (no	ting that by becoming a mem	ber of the VMXWA you agree to participate in	
	,	·	your preferences throughout the entire season.	
			e in the space provided below. The minimum age	
	however a flag marshal doesn't have to nece			
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				
G*1		٦		
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'