



### MEMERSHIP APPLICATION

2021

Memberships Expire on 30 November Each Year

Email your Membership Application to: [memsec@historicroacing.asn.au](mailto:memsec@historicroacing.asn.au) or post it to the

**Memberships Secretary, HCMC, PO Box 568, SOUTH PERTH WA 6951**

The Club's Constitution is available on the Club's website @ [www.historicroacing.asn.au](http://www.historicroacing.asn.au)

**Please tick the appropriate box:**

I am a former member whose membership has expired.

I have never been a member of HCMC. **NEW MEMBER**

**NOTE: New members (Competition or Associate) must be nominated by a current financial member of HCMC.**

If you do not know a current financial member you can attend a Club General Meeting to be nominated.

Title: Mr / Mrs / Miss / Other \_\_\_\_\_

Office Use Only:
Paid: _____
Ridernet ID: _____

Name:	
Address:	
Contact #:	
Date of Birth:	
Email Address:	

**TYPE OF MEMBERSHIP:**

Full Financial Membership: Solo  Sidecar Driver  Passenger

Associate Membership:

Volunteer: Are you available to assist the club as a volunteer on tuning or race days? Yes  No

New Member Nominated by:

Members Name:	Membership No:	Date Nominated:
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Financial Membership Fees		
FINANCIAL MEMBER	\$80.00	\$ _____
NEW FULL MEMBER	\$90.00	\$ _____
ASSOCIATE MEMBER *1	\$40.00	\$ _____
Club Coloured Bumper Sticker *2	\$2.00	QTY: _____ \$ _____

**Agreement:**

- I agree to abide by the HCMC's Constitution and bylaws, and the Manual of Motorcycle Sport published by Motorcycling Australia.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*1 Associate Membership can be upgraded to a full membership at any time.

\*2 New Members receive a colour bumper sticker with their first membership card.

The club newsletter and special notices are emailed to members. If you do not have an email address, the newsletter will be posted.

Make cheques payable to The Historic Competition Motorcycle Club of WA (DO NOT ABBREVIATE)

**Complete if paying by credit card.**

Please deduct the amount from my: Visa  Mastercard  Cardholders Name: (Please Print) \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_