

Email: secretary@historicracing.asn.au

Website: www.historicracing.asn.au

2022

MEMBERSHIP APPLICATION

Memberships Expire on 30 November Each Year

Email your Membership Application to: memsec@historicracing.asn.au or post it to the

Memberships Secretary, HCMC, PO Box 568, SOUTH PERTH WA	<u> 5951</u>
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Memberships Secretary, HCMC, PO Box 568, SOU	TH PERT	<u>H WA 6951</u>					
The Club's Constitution is available on the Club's v	Office Use Only:						
Please tick the appropriate box:	Paid:						
I am a former member whose membership has ex	pired.						
I have never been a member of HCMC. NEW MEN	Ridernet ID:						
NOTE: New members (Competition or Associate)							
lf you do not know a current financial member yo	Membership NO:						
Title: Mr / Mrs / Miss / Other							
Name:							
Address:							
Contact #:							
Date of Birth:							
Email Address:							
TYPE OF MEMBERSHIP:							
Full Financial Membership: Solo	Sidecar I	Driver	Passenger				
Associate Membership:							
Volunteer: Are you available to assist the club as a	ı volunte	er on tuning or ra	ce days? Yes	No			
New Member Nominated by:							
Members	Membership No:			Date Nominate	ed:		
Name:							
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:		QTY:	\$	\$		
Agreement:				<u>.</u>			
I agree to abide by the HCMC's Constitu	ition and	bylaws, and the N	Manual of Motorcy	cle Sport published	by Motorcycling Australia.		
Applicant's Signature:	olicant's Signature: Date:						
*1 Associate Membership can be upgraded to a	full meml	pership at any time.					
*2 New Members receive a colour bumper stick	er with the	eir first membership	card.				
The club newsletter and special notices are emailed to m	nembers. I	f you do not have an	email address, the n	ewsletter will be poste	ed.		
Make cheques payable to The Historic Competition Moto	orcycle Clu	ıb of WA (DO NOT Al	BBREVIATE)				
Complete if paying by credit card.							
Please deduct the amount from my:	Visa _	Maste	rcard	Card	lholders Name: (Please Print)		
CARD NUMBER:	EXPIRY [DATE: AMOU	JNT:		·····		
		\$		SIGNATURE:			