



The Veteran and Vintage Motor Cycle Club of South Australia, Inc.

APPLICATION FOR MEMBERSHIP

Send your completed application to secretary@vvmccsa.org.au.

Fees to be paid to club account. **BSB:** 735 006 **A/C:** 071368

Name	Surname Given Names		Preferred name (for badge)
Address	Number, Street Name and Suburb		Post Code
Phone	Mobile	Home (optional)	
Email			
Fees	- Joining fee: \$15 - Annual membership: \$45 - Posted club magazine (optional): \$40* *Email magazine free. Magazine sent to country members free		Subs / Amount Paid Total amount paid \$_____

Do you own a motorcycle eligible for club activities (At least 30 years old in the current year)?

☐ Yes ☐ No

If yes:

- Make:
- Model:
- Year

Declaration: I, _____ (please print) agree to observe the *Rules and Regulations* of the **Veteran and Vintage Motorcycle Club of South Australia, Inc.**

Signature:

Date:

_____ **Club use only** _____

Proposed by	Name & Signature		
Seconded by	Name & Signature		
First reading		Ratified	
Member No.		SS mail	☐ Yes ☐ No