



APPLICATION FOR MEMBERSHIP OF HEAVEN VMX INC.
 Incorporated under the Associations Incorporation Act 2009
****NOTE this is a print out and hand fill form****

FIRST NAME: _____ FAMILY NAME: _____
 STREET: _____
 SUBURB: _____ STATE: _____ POSTCODE: _____
 HOME PHONE :() _____ MOBILE: _____
 WORK PH: _____ JOB: _____ D.O.B: _____
 MNSW RACE LIC No _____ EXP: _____
 EMAIL: _____

Preferred Race N^o 2ND Choice 3rd Choice

Race No 0 -10 are reserved – Many numbers are already allocated so new members will need to keep that in mind.

Please list the types of bikes you own: (If insufficient space please use overleaf)

BIKE BRAND	MODEL	YEAR	CLASS
_____	_____	_____	_____
_____	_____	_____	_____

I hereby apply to become **a member / renew my membership** (strike out accordingly) of Heaven VMX Inc. and agree to be bound by the rules of the association. I am also aware that being a member of Heaven VMX Inc I have a responsibility when requested to avail myself at some time through the year to be involved in or assist with the running of a race meeting.

SIGNATURE: **DATE:**

Each prospective member must be seconded by an existing financial member and approved by the committee. Please fill out the section below outlining experience that you may have had or possess that could be of benefit to the club. **Examples:** a) Hold a motor vehicle repairers licence b) Hold any Motorcycling Australia official status. c) Previous experience at running a race meeting, catering, or hold a first aid qualification. D) Other relevant skills

Senior Membership \$50.00
 Family Membership \$70.00

Please list below family member names & DOB – use rear of form if required

Note; Family membership is open to an adult or cohabitating adult couple and their dependent children (including foster children and guardianships) generally up to 18yrs of age. A dependent child can be older than 18yrs if still a student and genuinely dependent but must provide proof.

Name	D.O.B	Signed	Preferred number	2 nd Choice	3 rd Choice
_____	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Second: Full Name
 Approved by Secretary

Signature
 Committee

E.F.T National Bank BSB **082135** A/c **576796849**
 Account Holder **Heaven VMX Inc.**
 Please state your full name and details on the transfer
 and e-mail a copy to the Secretary with this form.
 Fax **0265724826** Email **heaven.vmx@gmail.com**

Payment details: Cheque or money order.
Please make payment payable to Heaven VMX Inc
 Mail to: **The Treasurer**
Heaven VMX Inc.
PO BOX 2178,
BOMADERRY NSW 2541