

AVON VALLEY VINTAGE VEHICLE ASSOCIATION OF WA INC



ABN: 33 053 396 253

**President/Secretary .. AVVVA PO Box 755 NORTHAM WA 6401
08 96225932**

AVVVA Web Site .. <http://www.avonvintagecars.org.au>

Mr/Mrs/Ms/Miss [Family Name] _____ [Given Name] _____

Partner Details [Family Name] _____ [Given Name] _____

Residential Address _____ for all Official Forms

Postal Address _____ posted Mail, Newsletters, Invoices if applicable

_____ Postcode _____

Contact Telephone Number _____ **Mobile** _____

Email Address _____

I hereby apply for membership of the Avon Valley Vintage Vehicle Association of WA Incorporated and, on being accepted, I agree to abide by the Rules and Constitution of the Association.

SIGNATURE _____ **DATE** ____/____/____

SIGNATURE (if applic) _____ **DATE** ____/____/____

PARENT/GUARDIAN (if under 16 years) _____ **DATE** ____/____/____

VEHICLES AND MACHINERY OWNED BY APPLICANT

{f insufficient space please attach another sheet}

Make	Year	Model	Original/Restored/ Unrestored	Full or Concessional Licence—current status	Licence Plate Number

Please find enclosed monies for:

Membership Couple/Single	\$	Monthly Advertisement	\$	Total Money Sent	\$ -
Newsletter Postage if Req.	\$	Other	\$		

Office Use Only

Applicant Accepted

Secretary _____

Date _____

Money Received

Amount \$ _____

Receipt Number _____

Treasurer _____

Date _____

Monies assigned

Signature _____

Date _____