

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] _____

Postal Address _____

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

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

Please find enclosed monies for:

Membership Couple/Single	\$	Machinery Insurance	\$	Cap	\$
Newsletter Postage	\$	Bumper Badge	\$	Other	\$
Concessional Licence Fee	\$	Monthly Advertisement	\$	Total Money Sent	\$ -
Concessional Licence Plates x 2	\$	Name Badge	\$		

Office Use Only

Applicant Accepted
 Secretary _____
 Date _____

Money Received
 Amount \$ _____
 Receipt Number _____
 Treasurer _____
 Date _____

Merchandise Supplied
 Signature _____
 Date _____