MACHINERY PRESERVATION CLUB of W.A. Inc. P.O. Box 1471, MIDLAND DC 6936. www.machinerypreservation a.com

MEMBERSHIP APPLICATION FORM

Ple	ase Print	
	NAME:	•••••
	ADDRESS:	
	TELEPHONE No: Mobile No:	
	EMAIL: DATE:	
	QUALIFICATIONS:	
	(e.g. First Aid, Forklift tickets)	MEMBERSHIP NUMBER
	SPECIAL INTEREST:	
	MEMBERSHIP FEE Adult: \$ 50.00 junior: \$ 10.00 This runs from 1st January to 31st December each year. (including partner if applicable)	
	INSURANCE FEE: \$ 20 per Person \$40 per Couple. This runs from 1st August to 30th July each year. ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE COMMITTEE. If you do not wish for your contact details circulating to other Club members please tick the box	
	IF MY APPLICATION IS APPROVED, I HEREBY AGREE TO ABIDE BY ALL CLUB RULES AND REGULATIONS.	
	SIGNED:	
	PROPOSED BY: SIGN: (Please Print Name and Number) SECONDED BY: SIGN: (Please Print Name and Number)	
	ON APPROVAL, YOU WILL BE SENT AN INVOICE, PLUS A COPY OF THE CLUB RULES - FORM TO BE SIGNED AND RETURNED WITH FEES.	FOR COMMITTEE USE ONLY.
	TWO NAME BADGES ARE INCLUDED IN THE FEES. PLEASE PRINT NAMES FOR BADGES.	APPROVED: YES/NO
	BADGE ONE:	DATE:
	BADGE TWO:	March 2019