



WA Excel Cup Inc
9 Petunia Street
KALAMUNDA WA 6076

2020 MEMBERSHIP

Member Details:

Name:		DOB:	
Address:			
Suburb:		State:	
Mobile Phone:		Home Phone:	
Email Address (Club correspondence):			
Emergency Contact Name:		Number:	
WA Excel Member Number (if known):			
Current CAMS Competition Licence:		Licence Level:	(e.g. PCC, CC etc.)
Requested Race Number:			

Vehicle and Eligibility Details (As log booked):

Make:	Hyundai	Model:	Excel
Year of Manufacture:			
Log Book Number:			

Car owners details (if different from member):

Name:			
Address:			
Suburb:		State:	
Mobile Phone:		Home Phone:	

Membership (From Date of Membership Approval to 31 December 2020):

Competing Membership: Full year \$150.00 Half year \$75.00 (July onwards)
Associate Membership: \$50.00

Payment Options:

Cheques/Money Orders payable to:	WA Excel Cup Inc
Direct Deposit:	BSB: 036-065 Account: 407850 (Please include your name in the transfer description)
Send Form via email or post to The Treasurer:	E: waexcel.secretary@outlook.com 9 Petunia Street, KALAMUNDA WA 6076

I hereby apply to become of a member of WA Excel Cup Inc. If accepted, I agree to be bound by the rules and regulations of WA Excel Cup Inc.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Office Use Only

Membership Application accepted by the committee: _____ Date: _____
Amount received: \$ _____ Received on: _____