



WA Excel Cup Inc.
9 Petunia Street
KALAMUNDA WA 6076

2021 MEMBERSHIP APPLICATION

Member Details:

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

Membership (From Date of Membership Approval to 31 December 2021):

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 club Secretary:	Email: waexcel.secretary@outlook.com Post: PO Box 1695 WANGARA DC WA 6947

I hereby apply to become 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: _____