

**2025 MEMBERSHIP APPLICATION**

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| **Member Details:** |
| **Name:** |  | **DOB:** |  |
| **Address:** |  |
| **Suburb:** |  | **State:** |  | **Postcode:** |  |
| **Mobile Phone:** |  | **Home Phone:** |  |
| **Email Address** (For all Club correspondence)**:** |
| **Emergency Contact Name:** |  | **Number:** |  |
| **WA Excel Member Number** (if known)**:** |  |
| **Current Motorsport Aust Licence Number:** |  | **Licence Type:** |  |
| **Requested Race Number:** |  |
| **Vehicle and Eligibility Details (As log booked):** |
| **Make**: |  Hyundai | **Model**: |  Excel |
| **Year of Manufacture**:**kg** |
| **Logbook Number**: |   |
| **Car Owner’s Details (if different from member):** |
| **Name:** |  |
| **Address:** |  |
| **Suburb:** |  | **State:** |  | **Postcode:** |  |
| **Mobile Phone:** |  | **Home Phone:** |  |

**Membership Terms & Fees (from Date of Membership Approval to 31 December 2025):**

**Competing Membership: Full year $200.00 Half year $100.00 (1 July onwards)**

**Associate Membership: $75.00 Series: TROPHY MASTERS**

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| **Payment Arrangements:** |
| **Direct Deposit Only**: | **Account Name:** WA Excel Cup Inc**BSB**: 036065 **Account No**: 407850(Please include your name in the transfer description) |
| **Send completed application forms via email to the Club Secretary, Fiona Hall.** | **Email Address:** waexcel.secretary@outlook.com |

I hereby certify, by my signature, that I have read, understand and will comply with the WA Excel Cup Club’s Constitutional Code of Conduct, Policies and Values. I understand that it is my personal responsibility to ensure that my actions and those of my family and pit crew conform with the provisions made in our Code of Conduct. I understand that mine, and my family/pit crew’s, failure to comply with these provisions may result in corrective actions, up to and including a ban from the WA Excel Cup Club.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

(if Applicant under 18 years )

## Office Use Only

Membership Application accepted by the committee: Date:

Amount received: $ Received on: