

2010 Membership Application

PERSONAL DETAILS

Name : _____ Date of Birth : _____

Postal Address : _____

Occupation : _____ Year began racing FVee : _____

Phone (mobile) : _____ Phone (home) : _____

Email : _____

CAMS lic no. : _____ level : _____ AASA lic no. : _____ level : _____

Emergency contact : _____ Phone (mobile) : _____

I give permission for my contact details to be released to other Formula Vee Associations : Yes No

COMMUNICATIONS

FVAQ's primary method of communication, news and correspondence is email. If you have limited or no email access, please indicate your option below. Please note the default option is #1, if no selection is marked.

Email communications are also available via an online bulletin board at: www.fvaq.org.au/bulletins

- Tick one
- 1 **Email ONLY.** (By selecting you agree to be added to the FVAQ email list, NO postal mail will be sent)
- 2 **No Email access. Printed hard-copy via postal mail.** (PLEASE NOTE: due to the time involved with mail-outs, you will not receive all communications and urgent topics may arrive late).

DRIVER'S COMPETITION NUMBER

Check the availability list at www.fvaq.org.au/comp_numbers.html

Competition number request (2 digit maximum) : You will be contacted if the number is unavailable.

FV VEHICLE DETAILS

Make : _____ Model : _____ Year built : _____ Dorian no. : _____

Logbook no. : _____ Colour : _____ Class (circle one) : 1600cc 1200cc Historic

Vehicle Owner : _____ Phone (mobile - at circuit) : _____

MEMBERSHIP LEVEL, PAYMENT & AGREEMENT

FULL \$100.00 EMAIL LIST ONLY \$FREE HONORARY/SEALER \$NIL

Cheque or Money Order (made to "FVAQ"). Send form with payment to: PO Box 70, Red Hill QLD 4059.

Direct Deposit (BSB # 084-044 ACC # 21-700-4299 with name as reference). Email to: secretary@fvaq.org.au

In applying for membership of FVAQ Inc, I agree to be bound by the rules and regulations of the FVAQ as set out in the constitution and by-laws. Parent/Guardian signature required if applicant is under 18 years of age.

Applicant Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

Tick here for a printed copy of the constitution to be mailed to your nominated postal address.

OFFICE USE ONLY

Membership number : _____ Competition number : _____

Payment type/amount : _____ Dispatch date : _____