

## 2016 Membership Application

### Personal Details

Name		Date of birth	
Postal address		CAMS licence number	
		CAMS licence level	
Phone (home)		AASA licence number	
Phone (mobile)		AASA licence level	
Email			
Emergency contact		Emergency phone	

I give permission for my contact details to be released to other Formula Vee Associations : Yes / No  
 The FVAQ will use the above email address for all communication.

### Driver's competition number

Check availability at [www.fvaq.org.au](http://www.fvaq.org.au). You will be contacted if the number is unavailable.

Competition number request (2 digit maximum) :  Competition number is registered for driver not vehicle.

### FV Vehicle details

I do / do not have a vehicle at time of application (please circle).

Make		Year built	
Model		Timer number	
CAMS Logbook number		Colour	
Class (circle one)	1600cc	1200cc	Historic
Vehicle Owner Name			
Vehicle Owner Address			
Vehicle Owner Phone			

### MEMBERSHIP LEVEL, Payment & agreement

I am applying for a new / renewal membership (please circle). Current membership number if applicable.

**Full Membership Fee is \$100.00, and Honorary/Sealer Fee is free (with prior approval of FVAQ Committee)**

I am applying for a **Full** or **Honorary/Sealer** membership (please circle).

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. I acknowledge that a copy of the constitution is available at [www.fvaq.org.au](http://www.fvaq.org.au). Parent/Guardian signature is required if applicant is under 18 years of age.

**Direct Deposit** FVAQ, BSB # 084-044, ACC # 21-700-4299, quote surname as reference. When payment has been made please email both [secretary@fvaq.org.au](mailto:secretary@fvaq.org.au) and [treasurer@fvaq.org.au](mailto:treasurer@fvaq.org.au) with the completed application form and direct debit receipt. Incomplete application forms may not be considered.

I have made a direct deposit in the amount of \$ \_\_\_\_\_ as full payment of FVAQ membership fees in support of my membership application herein, and acknowledge that my application will be considered by the FVAQ Committee in accordance with its constitution.

Applicant Name (please print) \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Parent/Guardian Name (please print) \_\_\_\_\_  
 Applicant's Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Payment Receipt Confirmation Date  
 Membership Acceptance/Rejection Date  
 Membership Card Dispatch Date

Entry Form Check Date  
 Membership Number Allocated  
 Competition Number Allocated