



2017 MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____ P/code _____

PHONE: (H) _____ (W) _____ (Mob) _____

E-MAIL: _____

IMPORTANT: Please provide your email address so that we can alert you to any last minute race day changes and provide other important notifications.

AGE: _____ DATE OF BIRTH: _____ OCCUPATION: _____

NEXT OF KIN / EMERGENCY CONTACTS DETAILS, NAME AND PHONE NUMBER:

1: _____ 2: _____

M.A. LICENCE No: _____ exp _____ AMBULANCE SUBSCRIPTION No: _____

MA Licence application is now available online at: www.ma.org.au

Is this a VIPER RENEWAL? Yes / No or are you a NEW VIPER MEMBER? Yes / No (please CIRCLE)

PREFERRED RACING NUMBER: 1ST _____ 2ND _____ 3RD _____

IS THIS YOUR CURRENT VIPER RACE NUMBER? Yes / No (please CIRCLE)

BIKE MAKE	MODEL	YEAR	CLASS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: _____ **Required if applicant under 18 Y/O

Membership due & payable annually, on or before 1st April.

*Membership fees: Senior (16 y/o & over) **\$70.00** Junior (up to 15 y/o) **\$30.00***

*Family membership: 1 senior & unlimited juniors **\$100.00***

EFT/ Bank Deposit Payments: Commonwealth Bank Australia

Account Name: Viper Vintage Motorcross Club Inc.

BSB: 063124 Account Number: 10662376 Reference: Your Name

Cheques made payable to: VVMXC.

Post to: VVMXC, C/- Jason Hicks

Email address: vipervmxc@hotmail.com

1 Ryans Road, ELTHAM, VIC. 3095