

## APPLICATION FOR MEMBERSHIP

### Contact Information

Mr   
  Mrs   
  Ms   
  Miss   
  Dr

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Declaration

I hereby make application for membership to the Western Australian Motor Industry Foundation Inc. In the event of my acceptance by the Foundation, I agree to abide by the Constitution and Rules of the Foundation. I agree to pay the annual membership fee. A Receipt will be provided on acceptance of membership and payment in full.

Signature of Applicant ..... Date .....

### Payment Information

**Membership Fee      \$100.00**

Please Invoice me as per the above details

Cheque enclosed (payable to Western Australian Motor Industry Foundation Inc)

Please debit my Credit Card      Card Type:   
  Visa Card   
  Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Expiry Date: \_\_\_\_\_/\_\_\_\_\_      CCV: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Send completed application form via email, fax or post:</b>	<b>EMAIL:</b> info@wheelsforhope.org.au <b>FAX:</b> 08 9233 9899 <b>POST:</b> PO Box 1060 BALCATTWA WA 6914
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*Official Use Only*

Date Received: .....

Invoice No: .....