



Mercedes-Benz Car Club of WA (Inc)

# Membership Application – 2017/2018

To apply for membership, please provide the following information.

We look forward to welcoming you as our newest member.

_____	_____	_____
Title	Given name(s)	Surname
_____	_____	_____
Address line 1		Phone number
_____		_____
Address line 2		Email address
_____		_____
Address line 3		Occupation
_____		_____
Suburb	State	Partner's name (optional)
_____		_____
Postcode		

**Fees\*** (select)

<input type="checkbox"/> <b>\$105</b> (if applying from 1 July – 31 December)	<input type="checkbox"/> <b>\$62.50</b> (if applying from 1 January – 30 June)
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\* All prices are inclusive of a \$20 joining fee. Payment will only be processed or accepted upon approval of your application by the committee. In accordance with the club's constitution, all memberships expire annually on 30 June, regardless of joining date.

**Payment method** (select)

<input type="checkbox"/> Credit card	<input type="checkbox"/> Cheque / money order
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_____	Mastercard / Visa
Card number (16 digits)	Card type (circle)
_____	_____/ 20_____
Cardholder (name shown on card)	Expiry date (MM/YY)
_____	
Authorised signature	

Please make payment out to  
**Mercedes-Benz Car Club of WA (Inc)**  
and post to address overleaf.

**Vehicle(s)\***

\_\_\_\_\_  
Year                      Model (eg, CLK320, 560SEC)                      Body type                      Colour

\_\_\_\_\_  
Chassis (VIN) number                      Engine number (optional)

\_\_\_\_\_  
Registration number                      State of registration

Tick if vehicle is on an existing concessional ("club") licence.  
\_\_\_\_\_

\_\_\_\_\_  
Year                      Model (eg, CLK320, 560SEC)                      Body type                      Colour

\_\_\_\_\_  
Chassis (VIN) number                      Engine number (optional)

\_\_\_\_\_  
Registration number                      State of registration

Tick if vehicle is on an existing concessional ("club") licence.  
\_\_\_\_\_

\* Full vehicle information can be found on your registration papers (issued by Department of Transport).  
Please include additional vehicle information on a separate page, if required.

**How did you learn about us? (select)**

- |   |  |
|---|--|
| <input type="checkbox"/> Car club event           | <input type="checkbox"/> Internet                    |
| <input type="checkbox"/> Mercedes-Benz dealership | <input type="checkbox"/> Referred by existing member |
| <input type="checkbox"/> Specialist mechanic      | <input type="checkbox"/> Other (specify) _____       |

I declare all details contained in this application to be true and correct.

\_\_\_\_\_  
Signature                      \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

**Please complete all pages of this form and post to:**

Membership Secretary  
MBCCWA  
PO Box 965  
West Perth, WA  
6872



**Alternatively, scan and email form to:**

membership@mbccwa.org.au

