



Mercedes-Benz Car Club of WA (Inc)

Membership Application

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)

\$105 (if applying from 1 July - 31 December)

\$62.50 (if applying from 1 January - 30 June)

* 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)

Credit card

_____ Mastercard / Visa
Card number (16 digits) Card type (circle)

_____ / 20 _____
Cardholder (name shown on card) Expiry date (MM/YY)

_____ Authorised signature

Cheque / money order

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

