



APPLICATION / RENEWAL FOR MEMBERSHIP

PRIMARY APPLICANT CONTACT DETAILS (Please print clearly – 18+)

NAME	
ADDRESS	
MOBILE	
EMAIL	

REGISTRATION TYPE (Tick the relevant option)

	SINGLE MEMBERSHIP	\$ 100.00
	JUNIOR MEMBERSHIP (17 Years & Under)	\$ 70.00
	FAMILY MEMBERSHIP (Two Adults & Two Children Under	\$ 200.00
	SOCIAL CLUB MEMBERS (News & Updates Only)	\$ FREE

MEMBERSHIP INFORMATION (Please print clearly)

MEMBER	FIRST NAME	LAST NAME	DATE OF BIRTH	MOBILE NUMBE4R
ADULT 1				
ADULT 2				
JUNIOR 1				
JUNIOR 2				

ACKNOWLEDGEMENT (Tick the boxes)

	As the primary contact for this application, I have the authority to apply for WSCC club membership on behalf of all members listed on this form.
	As the primary contact for this application, I read and distributed a copy of the Whitsunday Sporting Car Club Code of Conduct, and Constitution to the members list on this form.
	As the primary contact for this application, I, and all members listed on this form hereby agree to abide to the Whitsunday Sporting Car Club Code of Conduct and Constitution.
	PHOTO RELEASE AUTHORITY As the primary contact for this application, I, and all members listed on this form hereby give permission for photos of all members listed on this form to be placed on the Whitsunday Sporting Car Club Website and Social Media or used for the Club's promotional materials.

APPLICANTS SIGNATURE

SIGNATORY NAME (Of Primary Applicant18+)	
SIGNATURE (Of Primary Applicant18+)	
DATE OF APPLICATION	

FEE PAYMENT OPTIONS

PAYMENT	ACCOUNT NAME	BSB	ACCOUNT	PAYMENT REF
DIRECT TRANSFER	WHITSUNDAY SPORTING CAR CLUB INC.	014691	477619003	msa-lastname

CLUB CONTACT DETAILS

E-MAIL	Info.wsccl.secretary@gmail.com
CONTACT NUMBER	0493182569