



MEMBERSHIP APPLICATION FORM

RIVERINA VOLKSWAGEN CLUB Inc.

(Dr/Mr/Mrs/Ms/Miss) SURNAME:..... GIVEN NAME/S:.....

DATE OF BIRTH: / / (not for publication)

(Dr/Mr/Mrs/Ms/Miss) PARTNER: GIVEN NAME/S:.....

DATE OF BIRTH:/...../..... (not for publication)

RESIDENTIAL ADDRESS:.....

..... POSTCODE:.....

POSTAL ADDRESS:.....

..... POSTCODE:.....

OCCUPATION: (optional).....

EMAIL ADDRESS:

PH NO: MOBILE: WK PH: (optional).....

IF YOU OWN A VOLKSWAGEN:

YEAR: MODEL: COLOUR:

YEAR: MODEL: COLOUR:

I APPLY FOR MEMBERSHIP OF RIVERINA VOLKSWAGEN CLUB INC. as:

1 Year Single Membership (single or child over 15years)

\$15.00

1 Year Family Membership (husband/wife and children under 15 years of age)

\$30.00

Membership Fees fall due on 1st July each year & can be paid at the Club Annual General Meeting or posted to the RVWC Treasurer Sandra Cox.

I/We agree to abide by the Rules, Regulation and Constitution of the Riverina Volkswagen Club Inc.

SIGNATURE OF NOMINEE:.....Date: / /

Please send completed form with payment to our Treasurer:

SANDRA COX, PO Box 921, WAGGA WAGGA NSW 2650 Email: coxtownend01@dodo.com.au

OR

Direct Debit: Hume Bank, Riverina Volkswagen Club Inc. BSB 640 000, Account No. 593689516