



MEMBERSHIP APPLICATION

Mr/Mrs/Ms/Dr: _____

Address: _____

Postcode: _____

Phone: AH _____ BH _____

Mobile: _____ Fax: _____

E-mail: _____

Associate Members _____

Family Members _____ D.O.B. _____

(spouse and/or children under 18 years) _____ D.O.B. _____

_____ D.O.B. _____

MEMBERSHIP FEES

- Adult \$60.00
- Junior \$25.00
- Double/Family \$75.00
(spouse and/or children under 18 years)
- Single Event (2019 Victoria Cross Rally)** \$10.00

TOTAL PAYMENT ENCLOSED \$

Cash at scrutiny or documentation, or Cheque payable to "Historic Rally Association" or EFT to BSB: 033 050 Acct: 143422 with message "VCRM + your surname and first initial"

DECLARATION

While I am a member of the Historic Rally Association Inc.,
I agree to be bound by the rules and constitution of the Association.

Signed: _____ **Date:** _____

PLEASE LIST YOUR HISTORIC VEHICLES

Make	Model	Year	Colour	Reg. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please return to: The VCR Event Secretary
David McKenzie, david@jandmck.com, 7 Roemer Cres, Alphington, 3078



This slip acknowledges that _____ is a
member of the Historic Rally Association from 13th to 14th April 2019 inclusive.

Signed _____ (HRA Official)