



Application for Affiliation or Renewal of Affiliation Office Bearers/Delegates details

We wish to apply for affiliation as:

Club

 Motorcycling Association

 Other

Please tick **ONE** box only. Refer to the Motorcycling Western Australia Constitution for detail of membership

Please note the details above are for public viewing. These details will be published on our website and used for phone enquiries.

ALL APPLICANTS:

Name			
<i>Street/PO Box</i>			
<i>Suburb</i>		<i>PC</i>	
<i>E-mail</i>			
<i>Website</i>			
<i>Phone Number</i>			

Please provide all details requested below

Please note the details below are for office use only and will remain private.

President	<i>Title</i>	<i>Name</i>		
	<i>H Phone</i>		<i>B Phone</i>	
	<i>Fax</i>		<i>Mobile</i>	
	<i>E-mail</i>			
	<i>Street/PO Box</i>			
	<i>Suburb</i>		<i>PC</i>	
Secretary	<i>Title</i>	<i>Name</i>		
	<i>H Phone</i>		<i>B Phone</i>	
	<i>Fax</i>		<i>Mobile</i>	
	<i>E-mail</i>			
	<i>Street/PO Box</i>			
	<i>Suburb</i>		<i>PC</i>	
Treasurer	<i>Title</i>	<i>Name</i>		
	<i>H Phone</i>		<i>B Phone</i>	
	<i>Fax</i>		<i>Mobile</i>	
	<i>E-mail</i>			
	<i>Street/PO Box</i>			
	<i>Suburb</i>		<i>PC</i>	
Media Contact	<i>Title</i>	<i>Name</i>		
	<i>H Phone</i>		<i>B Phone</i>	
	<i>Fax</i>		<i>Mobile</i>	
	<i>E-mail</i>			

**State Council Delegates
(Required - Clubs only)**

Address (Required)

Phone (Required)

Email (Required)

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Motorcycling WA Incorporated

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