



Membership Nomination Form

Association, Club or Entity Details:

Association, Club or Entity Name:

Association, Club or Entity Email:

Association, Club or Entity Type: (Assoc., Club, Entity).....

Number of Members Represented:

Contact Name:

Contact Phone:

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Delegate Details: Please note: you do not need to nominate delegates but are required for voting rights

1st Delegate Name:

1st Delegate Email:

1st Delegate Mobile:

2nd Delegate Name:

2nd Delegate Email:

2nd Delegate Mobile:

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The membership fee is **\$50 per annum** due on the 1st July each year or the pro rata value based from the date when membership commences. BSB: 633-000 Account No: 212498596

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The applicant and all delegates agree to abide by the MCWA Constitution, Bylaws, Code of Conduct and will support the purposes of the MCWA.

Please indicate whether you agree Yes or No:Applicant

Signed by Applicant:

Please indicate whether you agree Yes or No:Delegate 1

Signed by Delegate 1:

Please indicate whether you agree Yes or No:Delegate 2

Signed by Delegate 2:

Date:/...../.....

Email to: contact@wamotorcyclecouncil.org.au