



Fiat Lancia Club of Western Australia
PO Box 137
Tuart Hill, WA, 6939

Contact: Club Secretary: secretary@fiatlancia.org.au

ABN 54701562699

2019 MEMBERSHIP FORM

Please complete and return by post or email to the address shown above before December 31st.
Individual membership \$40. Family membership \$50.

First Name _____ Surname _____ Date of Birth ____/____/____

Address _____ State _____ Postcode _____

Phone (____) _____ Mobile _____ Email _____

Family/associate member(s):

First Name _____ Surname _____ Date of Birth ____/____/____

Phone (____) _____ Mobile _____ Email _____

First Name _____ Surname _____ Date of Birth ____/____/____

Phone (____) _____ Mobile _____ Email _____

First Name _____ Surname _____ Date of Birth ____/____/____

Phone (____) _____ Mobile _____ Email _____

Vehicle 1

Make _____ Model _____ Body _____ Year _____

Engine Size _____ cc Colour _____ Reg. No. _____ Concessionally licenced? Y / N (circle)

Vehicle 2

Make _____ Model _____ Body _____ Year _____

Engine Size _____ cc Colour _____ Reg. No. _____ Concessionally licenced? Y / N (circle)

Vehicle 3

Make _____ Model _____ Body _____ Year _____

Engine Size _____ cc Colour _____ Reg. No. _____ Concessionally licenced? Y / N (circle)

I hereby agree to abide by the rules and regulations of the Fiat Lancia Club of Western Australia.

Signature _____ Date ____/____/____

Payment Method (circle) : Cash / Cheque / EFT - BankWest 306-044 4163646

If paying by EFT, please identify payment with your name or membership number to avoid delays in payment processing.

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CLUB USE ONLY

Date received ____/____/____ Amount \$ _____ Membership Number _____ Payment Verified _____