

2009 Membership Application Form

Mailing Address:
GPO Box 2416
Vancouver, B.C. V6B 4A4



APPLICANT INFORMATION			
Last Name:		First Name:	
Preferred Name on public results if any:		Date of birth:	
Current address:			
City:	Province/State:	Postal/Zip Code:	
Driver License:	Expiry:	Fast track Barcode:	
Phone:	Email:	MSN:	
EMERGENCY CONTACT			
Name:			
Phone: (Please provide at least 2 numbers)			
Relationship:			
VEHICLE INFORMATION			
Class:	Year:	Make & Model:	
Color:		Tires:	
Is this your daily vehicle?			
ADDITIONAL INFORMATION			
Previous Member?	No	Yes!	When did you first join VCMC?
How did you hear about us?			
Are you planning to attend our driving school, the Velocity Driver Development Program?			Yes! No
ANNUAL MEMBERSHIP FEES			
<input type="checkbox"/> New Member \$50	<input type="checkbox"/> Renewal \$50	<input type="checkbox"/> Early renewal before first event of each year \$40	<input type="checkbox"/> Additional family members membership \$30
SIGNATURES			
I hereby agree to be governed by the constitution and by-laws of the club as administrated by the executive committee. Membership will commence, upon the acceptance by the membership director, from the date of this application.			
Signature of applicant:		Date:	

Membership number:

Received:

Payment: