

WANNEROO FLAG MARSHAL ASSOCIATION Inc.

www.wfma.com.au

Year 2019 Membership Application Form

Name: (last) _____ (first) _____

Address: _____

Suburb: _____ Post Code: _____

Phone: Home _____ Mobile: _____ Work: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

Employed/industry you work in or special skills you may have to assist the Club (*optional*)

Next of Kin/Contact Name _____ and Phone number _____

CAMS Licence Number: _____ Class: _____ Expiry Date ____ / ____ / ____

Any medical condition, allergies etc (in case of emergency/accidents at Race Meetings):

MEMBERSHIP FEES – YEAR 2019

Please indicate the membership you are applying for below:

- Full Member: \$30.00
- Concession: \$15.00 ID details: _____
- Young Official (<25 years of age) \$FREE ID details: _____

Please produce ID (Students, Pensioners, Unemployed, Proof of Age)

Please return this form to the Secretary/Treasurer at the next meeting, email to wannerooflagmarshals@outlook.com.au or post to:

The Secretary
Wanneroo Flag Marshal Association Inc.
21 Manyarra Turn
Joondalup WA 6027

Please note: Acceptance of this form by the Wanneroo Flag Marshal Association Inc. does not automatically signify that full membership to the Association has been granted. A probationary period, at the discretion of the Committee, and a willingness to attend Club Meetings, must be achieved before membership rights will be granted. All applicants must have attended as an official a minimum of three (3) WFMA calendared events, excluding Supercars, within the 12 months prior to the date of the application form before membership rights may be granted.

Declaration: *I, the undersigned, understand the above, and will abide by the Constitution of the Wanneroo Flag Marshal Association Inc.*

Waiver: I do/ I do NOT (please circle one) give permission for any images/photographs of myself taken by WFMA while performing my duties as an official, at any venue, to be used for WFMA promotion purposes under any circumstances.

Signature: _____ Date: ____ / ____ / ____

Payment method: Cash / Bankpay

If paying by Bankpay: WFMA Inc @ Bankwest. BSB: 306-084 Account No: 4183810

Please use your Last Name as the reference

WFMA use only: Receipt Number: _____ Date: ____ / ____ / ____