

2024 MEMBERSHIP APPLICATION

Application Type (Please circle one) **New** **Renewal**

Personal Details

Name		Emergency Contact	
Postal Address		Name	
		Phone	
		Licensing	
Phone	Home	MSA No	
	Mobile	MSA Level	
Email Address		Racers No.	
Date of Birth		AASA No	

If you do not yet have your racing licences leave those sections blank

Drivers Competition Number

Preferred Competition Number

Please contact us for a list of available numbers. Note, the Competition Number is registered to the driver not the vehicle

Vehicle Details

I **do / do not** have a Formula Vee vehicle at the time of application. If you do not have a vehicle leave this section blank

Make		Year Built		
Model		Colour		
MA Logbook No.	Please circle one			
Class				1600 1200 Historic
Vehicle Owner Name (If not the applicant.)				

The Annual Membership Fee is \$150 or \$75 for Juniors (under the age of 18 on January 1st, 2024)

Payment should be made by EFT to Formula Vee Association of Queensland

BSB 084 044 Account 21 700 4299

Please quote your Surname as the Reference

All memberships expire on the 31st December of the relevant year

When payment has been made please email **formulaveeqld@gmail.com.au** with the completed application form and direct debit receipt. Incomplete application forms may not be considered.

In applying for membership of FVAQ Inc, I agree to be bound by the rules and regulations of the FVAQ as set out in the constitution, bylaws and the Club Championship Regulations. I acknowledge that a copy of the constitution is available at www.fvaq.org.au.

I also Acknowledge and agree that photos/videos of me and/or my car may be used in promotional materials for the benefit of FVAQ in brochures, videos, websites, social media or any other form of promotion that FVAQ deems appropriate.

You further agree that your email address may be made known to other FVAQ members

Signature

I confirm that I have made a direct deposit in the amount of \$ 150/\$75 as full payment of FVAQ membership fees in support of my membership application herein, and acknowledge that my application will be considered by the FVAQ Committee in accordance with its constitution.

Applicant Name

Applicant Signature

Date

Parent/Guardian Name

Parent Guardian Signature

Date

Parent/Guardian signature is required if applicant is under 18 years of age.