Formula Vee Association of Queensland

www.fvaq.org.au

2026 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 Adress			Racers No.	
Date of Birth			AASA No	

If you do not yet have your racing licence, or you are joining as an Associate Member, 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
Associate Members will have a number allocated by FVAQ

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.		Class (Please circle)		1600	1200	Historic
Vehicle Owner Name (If not the applicant.)						

Type of Membership (please indicate which)

Competition	For those intending to race with the club	**$ 150.00**	
Junior	For racers under the age of 18 on the first of January of the membership year	**$ 75.00**	
Associate	For friends, family, pit crew or those participating only in hill climbs, sprints etc	**$ 25.00**	

Payment should be made by EFT to Formula Vee Association of Queensland
BSB 084 034 **Account 768114953**
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** 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 Acknowlegde 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/$25 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.