



FALCON GT CLUB

of
Western Australia (Inc)

PO Box 322, Cloverdale, WA, 6105

E-Mail: enquiries@falcongclubofwa.asn.au

Web: http://www.falcongclubofwa.asn.au

MEMBERSHIP APPLICATION

This is a New Member Application Form

Personal Details

Applicants Name: _____ Date of Birth: _____

Partners Name: _____ Date of Birth: _____

Anniversary: _____

Children/s Name/s: _____ Date of Birth: _____

_____ Date of Birth: _____

Address:- Street: _____

Suburb: _____ State: _____ Postcode: _____

Telephone – Home: _____ Work: _____

Mobile Phone: _____ E-Mail: _____

Vehicle Details (GT Owners Details Only) *Please circle the appropriate responses*

Registration Number: _____

Chassis No: _____ Engine No: _____

Model Code: _____ Paint Code: _____

Model: XR XT XW XY XA XB EB EL BA BF FG
GT GTHO 1 GTHO 2 GTHO 3 RPO GTP GTE

Year: _____

Body Style: _____ Engine Code: _____ Transmission Code: _____

Please have your GT verified by Club Vehicle Examiner

Note: these records are held by the club secretary and are strictly confidential for club use only

I hereby declare this statement to be true and correct and enclose \$_____ fees.

Joining Fee \$50.00 Annual Subscription \$75.00 (Subject to change)

Membership Type Full Associate Country

Signed: _____ Dated: _____

Office Use only

Secretary

Vehicle Examiner

Treasurer

Secretary

Membership No.