

VINDUROWA INC.

VINTAGE ENDURO CLUB OF WESTERN AUSTRALIA INC.

MEMBER INFORMATION									
Name:									
Date of Birth:			Mobile:			Но	ome:		
Address:							To	own/Suburb:	
State: Post Code:				Email:					
Please ensure you provide a current email address as this will enable us to alert you to any changes on the website and to keep you updated with newsletters and or club notifications									
Full mem			Full membership	nembership		16yrs and over			
Fee	es		Introductory		\$15.00	1 Riding Day non-competitive Only			
Motorcycling Australia Licence #:				Expiry Dat		Date:	te:		
Mot	orcycling Au	stralia C	Official: Yes / No	Licence # Expiry Date		Date:			
Licensed First Aider: Yes / No									
EMERGENCY CONTACT									
Name:									
Address:			To			Town/S	Suburb:		
State: F		Post	Code:		Relationship:				
	MEMBERSHIP CONDITIONS								
Acknowledgment and Assumption of Risks, Dangers and Obligations									
Please read and understand before signing.									
• All members must abide by the club constitution and direction as may be given from time-to-time by the club's elected officials.									
•	I acknowledge that Motor Racing is dangerous and that engaging in the riding of a motorcycle as part of VinduroWA (Vintage Enduro Club of Western Australia Inc.), or by attending at the venues run by VinduroWA I am exposed to risk and dangers and under certain obligations that I accept and participate in at my own risk.								
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	a. I may be injured, physically or mentally and may be killed;								
	b. That my property including machinery or equipment may be damaged lost or destroyed;								
	c. That other riders may ride dangerously or with lack of skill;								
	d. That the conditions may be hazardous and may vary without warning and predictability;								
	e. That any policy of insurance or in respect of my life or physical or mental health may be void; or								
	f. That there may be no or inadequate facilities for treatment and transport of me if I am injured.								
•	As a member it is my responsibility to ensure that I have up to date ambulance cover throughout the year.								
Members Name Signature Date									
We/I the parent(s) or guardian(s) of the member hereby acknowledge that we/I have read the whole of the contents of the document and understand it. We/I consent to the member being a member of VinduroWA (Vintage Enduro Club of W.A. Inc) and that we are/I am aware of the risks, dangers and obligations set out above and we/I agree to indemnify the VinduroWA in respect of any claim arising out of any physical or mental injury or damage to property.									
Pai	Parent/Guardian Name Signature Date								
	Direct Debit to VinduroWA Inc BSB 633000, acct 153873740 Description (Name) forward membership form to enquiries@vindurowa.com								

Or post completed form with payment to: VinduroWA, c/- 3 Perkins Road, Melville, Western Australia 6156