



www.vdbc.com

New Membership Application Form

Name

Address

City State Post Code

email Mobile Phone #

AH phone D.O.B Occupation

I, the undersigned, would like to apply as a full financial member of the Victorian Drag Boat Club Incorporated, and request that my name be registered as of the below listed date. Accordingly, I agree to be bound by the VDBC Memorandum and Articles of Association and the rules and by-laws made there under.

Signature Date

Mark 'S' or 'F' which ever is applicable Single Membership (\$65.00) *Family Membership (\$100.00)

Family details (if Applicable) (*Children must be under 16 years of age for family Membership)

Spouse or partners name; D.O.B

Name of child 1 D.O.B

Name of child 2 D.O.B

Name of child 3 D.O.B

Please complete the following:

Are you an owner of a Drag Racing Boat? Yes No

Are you a driver of a Drag Racing Boat? Yes No

Boat name.

Are you prepared to help out on race day? Yes No

Rescue Race Control Tech Inspection

Pit control Timing Merchandise

(Please indicate with a X

Mastercard Visa Bankcard Cheque Cash

Card Number

Name on card Amount CSC Number (last 3 numbers on rear of card)

Expiry date Signature

When complete, post or email to the following address;

Victorian Drag Boat Club Inc,
P.O. Box 2162, Rowville, Vic 3178.

**Please make Cheques payable to
Victorian Drag Boat Club Inc.