



Fiat Lancia Club of Western Australia
PO Box 137
Tuart Hill, WA, 6939

Email club secretary: flcwa.secretary@gmail.com

ABN 54701562699

2026 MEMBERSHIP FORM

Please complete and return by post or email to the address shown above before December 31st. Individual membership \$40. Family membership \$50.

First Name _____ Surname _____ Date of Birth ____/____/____

Address _____ State _____ Postcode _____

Phone (____) _____ Mobile _____ Email _____

Family member(s):

First Name _____ Surname _____ Date of Birth ____/____/____

First Name _____ Surname _____ Date of Birth ____/____/____

First Name _____ Surname _____ Date of Birth ____/____/____

First Name _____ Surname _____ Date of Birth ____/____/____

Vehicle 1: Make _____ Model _____ Body _____ Year _____

Engine _____ cc Colour _____ Reg. No. _____ Concessionally licenced?

Vehicle 2: Make _____ Model _____ Body _____ Year _____

Engine _____ cc Colour _____ Reg. No. _____ Concessionally licenced?

Vehicle 3: Make _____ Model _____ Body _____ Year _____

Engine _____ cc Colour _____ Reg. No. _____ Concessionally licenced?

Vehicle 4: Make _____ Model _____ Body _____ Year _____

Engine _____ cc Colour _____ Reg. No. _____ Concessionally licenced?

What club events would you like to attend ?

Club Display Days _____

Interclub Display Days _____

Coffee meets _____

Breakfast/Brunch/Lunch/Dinner drive days _____

Drive days without an eating element _____

Getaway weekend drive days (1-2 nights) _____

Motorsport events (motorkhana/autokhana/driver training) _____

Others (add suggestions) _____

I hereby agree to abide by the Constitution and By-laws of the Fiat Lancia Club of Western Australia.

Signature _____ Date ____/____/____

Payment Method (circle) : Cash / Cheque / EFT - **CBA 066-164 1062 7127**

Please identify EFT payment with your name or membership number

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CLUB USE ONLY

Date received ____/____/____ Amount \$ _____ Membership Number _____ Payment Verified _____