

MEMBERSHIP RENEWAL				EWAL	APPLICATION FOR MEMBERSHIP		
	(Anı	nual - 1 No	vember to	31 October)			
Membership Type:ADULTCHILDAnnual Fee:\$60.00\$20.00					Pro-rata rate \$30 after 1 May		
You	r Name: _			Partr	ner's Name:		
Add	ress:						
Post Code:Month of Birth:							
Mobile:					Phone:		
Email:							
		nicle Deta					
Year	ear:Make: Model:						
Style	e:			Colour:		Rego:	
Мос	difications						
<u>Oth</u>	er Vehic	le Detail	S: (if you hav	e more than 1 – especially	if they are on club plate	es)	
	Year:	Make:	_ 、 ,	Model:	Style (body):	Colour:	Rego:
1							
2							
l agr		e by all AM	CCA club ru	les as published and co		tion and Code of (Conduct polices.
Signature: Date:							
Mer	nbership F	Period:	1 Novem	ber to 31 October (\$30) pro-rata rate after 1	lst May)	
Receipt Number: (provided by Secretary)							
Signature of Secretary:					Date	:	
DIR	ECT DEP	OSIT DE	ΓAILS EF	TPOS - Available at a	ll Club Meetings & I	Events Cash Ao	ccepted.
			Westpac Banking Corporation				
			American Muscle Car Club Australia				
BSB: 032 37 Account Number: 25703							
			PO Box 280 Narellan NSW 2567				
			amccacommittee@hotmail.com				
			Peter 0429 444 299				