



MEMBERSHIP RENEWAL

APPLICATION FOR MEMBERSHIP

(Annual - 1 November to 31 October)

Membership Type:	<input type="checkbox"/> ADULT	<input type="checkbox"/> CHILD	Note: New members joining mid-year \$5 per month pro-rata to November.
Annual Fee:	\$60.00	\$20.00	

Your Name: _____ Partner's Name: _____

Address: _____

Post Code: _____ Date of Birth (Optional): _____

Mobile: _____ Phone: _____

Email: _____

Primary Vehicle Details:

Year: _____ Make: _____ Model: _____

Style: _____ Colour: _____ Rego: _____

Modifications: _____

Other Vehicle Details: (if you have more than 1 – especially if they are on club plates)

	Year:	Make:	Model:	Style (body):	Colour:	Rego:
1						
2						
3						

I agree to follow all AMCCA club rules as published.

Signature: _____ Date: _____

Membership Period: 1 November to 31 October

Receipt Number: _____ (provided by Secretary)

Signature of Secretary: _____ Date: _____

DIRECT DEPOSIT DETAILS:

Bank: Westpac Banking Corporation
 Account Name: American Muscle Car Club Australia
 BSB: 032 379
 Account Number: 257033
 Postal Address: PO Box 18 MOOREBANK NSW 1875
 Email: amccacommittee@hotmail.com