



MEMBERSHIP RENEWAL

APPLICATION FOR MEMBERSHIP

(Annual - 1 November to 31 October)

Membership Type: <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD Annual Fee: <input type="checkbox"/> \$60.00 <input type="checkbox"/> \$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 abide by all AMCCA club rules as published and covered in the Constitution and Code of Conduct polices.

Signature: _____ **Date:** _____

Membership Period: 1 November to 31 October

Receipt Number: _____ (provided by Secretary)

Signature of Secretary: _____ **Date:** _____

DIRECT DEPOSIT DETAILS | EFTPOS - Available at all Club Meetings & Events | Cash Accepted.

Bank: Westpac Banking Corporation
Account Name: American Muscle Car Club Australia
BSB: 032 379
Account Number: 257033
Postal Address: PO Box 280 Narellan NSW 2567
Email: amccacommittee@hotmail.com
Phone: Peter 0429 444 299