

APPLICATION FOR MEMBERSHIP

MEMBERSHIP RENEWAL (2018-2019)



Membership Type:

Annual Fee:

ADULT
\$60.00

CHILD
\$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 2018 to 31 October 2019

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