



APPLICATION FOR MEMBERSHIP / MEMBERSHIP RENEWAL (2017-2018)

Your Name: _____

Partner's Name: _____

Address: _____

_____ Post Code: _____

Date of Birth (Optional): _____

Phone: _____ Mobile: _____

Email: _____

Vehicle Make: _____ Rego Number: _____

Model: _____ Style: _____

Colour: _____ Year: _____

Modifications: _____

I agree to follow all AMCCA club rules as published.

Signature: _____ Date: _____

Membership Period: 1 November 2017 to 31 October 2018

Annual Fee: \$50.00

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: 25 7033
Postal Address: PO Box 18 MOOREBANK NSW 1875
Email: amccacommittee@hotmail.com