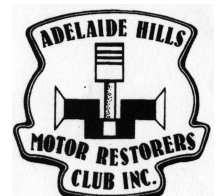




ADELAIDE HILLS MOTOR RESTORERS CLUB INC

ABN 74 998 518 159
P.O. Box 65 Littlehampton S.A. 5250



Membership Application Form

Applicants' Details (Please print details)

Partners Details

First Name	Surname	Preferred Name	First Name	Preferred Name	Surname: (If different from your surname)

Contact Details

Home Phone	Business Phone	Mobile Phone	E-mail

Residential address

Street	Suburb	State	Postcode

Postal Address (if same as residential address mark as above)

PO Box No	Suburb	State	Postcode

Club Fees

Full Membership	Fees	Amount Enclosed	Junior Membership	Amount Enclosed
Joining Fee	\$15.00		\$15.00	
Membership Fee	\$40.00		\$20.00	
Insurance Card	\$16.00		\$16.00	
Additional Insurance Card	\$16.00 (for wife etc)		\$16.00 (for guardian etc)	
	Total		Total	

Payment by EFT BSB 105-025 Account No 115732140, Cheque or Money Order.

Upon acceptance into the club, I agree to abide by the constitution rules & bylaws of the club. I AGREE or I DO NOT AGREE to my details being included in the club membership book. (Please strike out one or the other). Failure to indicate will be taken that you agree to the inclusion of your details in the membership book.

Signature	Date	Seconded

Note: Junior membership is intended for persons under the age of 18years. Parent or guardians signature is required to support this application, before it will be accepted by the committee.

Please forward this application to the Secretary at the address above.

For Club Use Only

Membership class	Full Membership	Junior Membership
Treasurer	Membership No	Receipt No
	Application passed to secretary	Yes/No Date
Secretary	Added to database	New members pack sent,
	Name Tag	Attendance book updated