

THE AMERICAN CAR CLUB



OF AUSTRALIA Inc.

PO BOX 847 DICKSON ACT 2602

WEBSITE: americancarclub.net

EMAIL: info@americancarclub.net

MEMBERSHIP APPLICATION FORM 2017/2018

ANNUAL MEMBERSHIP FEES \$40.00 PAYABLE ON JULY 1 EACH YEAR

NEW MEMBERSHIP

MEMBERSHIP RENEWAL

I _____ (Name)

OF _____ (Street)

TOWN/SUBURB _____ STATE _____ POST CODE _____

PHONE

HOME _____ WORK _____ MOBILE _____

EMAIL ADDRESS

Hereby apply for membership of **THE AMERICAN CAR CLUB OF AUSTRALIA Inc.**
By my signature I agree to abide by the **ACCA CONSTITUTION**, all other ACCA rules and also the rules governing the CRS, when applicable.

Signature _____ Date _____

Names of partner/family members where applicable

CAR DETAILS

Make _____ Model _____

Year _____ Colour _____

Registration Number _____ Condition Code _____

(CONDITION CODES OVER PAGE)

A PHOTOGRAPH IS REQUIRED FOR CLUB RECORDS

MEMBERSHIP DETAILS

DATE _____ RECEIPT NO _____ MEMBERSHIP NO _____

Seconded by _____

DATE

Nominated by _____

PLEASE PRINT CLEARLY

NEW MEMBERS: