

## Membership Application Form

New Membership Membership Renewal						Ford Four Car Club Inc. PO Box 4769 Knox City Centre VIC 3152			
wiembersinp re	newai						Timor City Co.	100 110 0132	
Please print clea	arly and comp	lete all deta	ils		1		ı		
Membership No.		Cams Licence No.					Expiry Date		
First Name:					Last Name:				
Street Address:					1		<u> </u>		
Suburb:				State:			Post Code		
Telephone:				Telephone	Mobile:				
Occupation:					Date of Birth:				
Email Address:									
Please indicate	which membe	ership you a	e seeking a	nd complete	e the amounts in	the spaces provid	led		
		1 /	8			ership joining fee	\$10.00		
Single Membership									
Junior Single Membership - Must be under 18							\$40.00 \$20.00		
Family Membership - All must reside at the same address. 2 Adults and Children under 18							\$65.00		
·							Total \$		
Please list addit	tional family r	nembers he	·e						
Membership No					First Name:	st Name:		Date of Birth - If under 18	
2nd Member									
3rd Member									
4th Member									
Motorsport Int	erests (Plagea	tick one or	more of the	following)					
Motorkahana	Autocross	Hillclimb	Sprints	Racing	Spectating	Rallying	Officiating	Social	
	1241361000	11110111110	~P11110	1	- Perming	2	2		
I, the above mer	ntioned, desire	to become a	a finacial me	mber of the	Ford Four Car (	Club Inc. In the ev	vent of my		
						time being in forc	•		
	_		•			unning of at least			
year.				S		S	1		
Signed: (Applica	ant)						Date	•••••	
**									
	Upon Comp	letion of the	form please	e enclose yo	ur payment and	mail to the addres	ss above		

Mail To:

Membership Secretary

## Office Use Only

Payment Type	
Cash	
Cheque	
Money Order	