MEMBERSHIP APPLICATION and RENEWAL

ACT Mini Car Club Inc
PO Box 4268
Kingston ACT 2604

(Please print in block letters)

Title **First Name** **Surname**

Postal Address for Correspondence (including Postcode)

Email Address

Are you agreeable to receiving the following by email? (Please circle)
1. Monthly Mini Territory Newsletter Y/N
2. Other Club information such as event details Y/N

(STD) Home Phone **Mobile Phone** **(STD) Business Phone**

Family Membership (Spouse/Partner and family members under 17 years of age residing at the same residence)

Title **First Name** **Surname**

Title **First Name** **Surname**

Insert details of any additional family members on an attached sheet.

The ACT Mini Car Club's Incorporation and Insurance coverage may require it to provide a list of members to the ACT Government and our insurer when requested. Other than this, members' details will be used solely for internal Club administration and will not be released without the express permission of the member(s) concerned.

Please accept my application for, or renewal of, membership of the ACT Mini Car Club Inc. I agree to abide by the Constitution of the Club.

Signed……..Date……..

Fees:	Joining Fee (initial membership):	$10	$_____
	Full Membership:	$40*	$_____
or			
	Family Membership:	$50*	$_____

Total by cheque or cash to ACT Mini Car Club Inc $_____

* The Club's financial year is from 1 January to 31 December. If you join the Club after 1 July you pay the initial Joining fee plus half the applicable Membership fee.

Car Details (Please show any additional vehicles on a separate sheet)

Car 1: Model……..Year……..Colour(s)……...
Car 2: Model……..Year……..Colour(s)……...
Car 3: Model……..Year……..Colour(s)……...

Club use only: Membership No……Receipt No……..Database entered……..