



Print and complete this form then post it along with your payment to

Austin 7 Club of S.A. Inc.

CLUBROOMS: 262 Tapleys Hill Road, SEATON S.A. 5023

ABN: 85 770 577 863

APPLICATION FOR MEMBERSHIP

I hereby apply to become a member of the Austin 7 Club of SA Inc.

Name _____

Address _____

Post Code _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Fax _____

Email _____

Vehicles Owned _____

If you would like a club badge with your name inscribed on it, mark X in this box.....

My preferred name, which I like to be called, is _____

I agree to abide by the rules and by-laws of the Austin 7 Club of SA Inc.

PLEASE NOTE, your details will be forwarded to CAMS and, unless advised otherwise below, your name, address & phone number will be published in the club phone book which is available to all members.

If you **DO NOT** wish to have your

ADDRESS published in the club phone book, mark X in this box.....

PHONE NUMBER published in the club phone book, mark X in this box.....

My interests are in (Mark appropriate box with an X)

- Restoration
 Monthly Runs
 Officiating at Motor Sport Events
 Competing in Motor Sport

I am applying for one of the following membership categories (Mark appropriate box with an X).

see <http://www.austin7clubsa.com.au/index.php/joining> for category descriptions & the current associated fees.

FULL MEMBER <input type="radio"/>	REMOTE MEMBER Only available if residing more than 100 km from clubrooms (Subject to committee approval) <input type="radio"/>	ASSOCIATE MEMBER Only available to Full Member's Partner <input type="radio"/>	JUNIOR MEMBER If under 25 as at Jan 1 this year DOB ____/____/____ <input type="radio"/>
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The fee payable with this application is _____ Annual Membership Fees \$ _____

and the Joining Fee (Half annual membership fee) \$ _____

Total \$ _____

NB: All membership renewals fall due on the 1st of January each year.

I am paying by;

- Cheque
 Money Order
 Visa Card
 Master Card

Card Number _____ / _____ / _____ / _____ Exp _____ / _____

Cardholders Name _____

Signature _____ Date _____ / _____ / _____