

MEMBERSHIP FORM 2024-2025 Financial Year

In Median Strip, Port Road, CROYDON, SA 5008



PO BOX 91, MARDEN SA 5070

www.modeltfordclubaustralia.org.au

The applicant(s) listed on this form hereby request to be official member(s) of the Model T Ford Club of Australia Inc., and in doing so, agree to be bound by the rules of the Club as per the Club's Constitution and accompanying By-Laws.

*CATEGORY: *General Meetings take place on the 1st Wednesday of each month (except January) at 1900Hrs.	receipt of this form.	s subject to ratification by the membership pro	esent at the next General Meeting following				
MEMBERSHIP TYPE:	Full \$55 p.a.	■	*Full membership denotes Model T Ford ownership and/or continuous membership that predates 30 June 2018.				
(select 1 financial option only)	Concession \$50 p.a.	*All conditions related to Full Membership apply; Member must be aged 65 years or over and/or have primary residence in a rural or remote zone according to RRMA classifications.					
*In order to process membership, historic vehicle(s) requiring Conditional Registration	Associate \$60 p.a.	*An Associate membership is the <u>only</u> available membership option for ow of other make vehicles unless conditions for a Full Membership have been (refer to clause 6.2.4 of the (Constitution of the Model T Ford Club of Austr Incorporated).					
<u>must</u> be listed on the reverse side of this form	Life/Honorary	*If conditional Registration is required, I financial members.	*If conditional Registration is required, Life/Honorary members must become				
MEMBER DETAILS							
TITLE: G	IVEN NAME:	SURNAME:					
DATE OF BIRTH:		MOBILE:	MOBILE:				
OCCUPATION:		HOME PHONE:	HOME PHONE:				
ADDRESS:							
STATE: P	OSTCODE:						
POSTAL ADDRESS: (if different from above)							
STATE: P	OSTCODE:						
EMAIL:							
I wish to receive my copy of the Buzzer Box via post. I understand this will incur a \$5 fee.							
MEMBER SIGNATURE: DATE:							
ADDITIONAL MEM	BER DETAILS (if applicable)						
	ADDITIONAL MEMBER 1 (Spouse/Partner)	ADDITIONAL MEMBER 2 (Child under 18 and of same family)	ADDITIONAL MEMBER 3 (Child under 18 and of same family)				
GIVEN NAME:							
SURNAME:							
DATE OF BIRTH:							
PHONE:							
EMAIL:							
RELATIONSHIP: (to Primary Member)							

Please email completed form and notification of payment to secretary@modeltfordclubaustralia.org.au

HISTORIC VEHICLE DETAILS								
OWNER(S) SURNAME	YEAR	MAKE	MODEL	BODY TYPE	PRIMARY COLOUR	REGISTRATION NUMBER	ENGINE NUMBER	LEFT HAND DRIVE
Please email completed All member details included	form and no	otification of payn	nent to <u>secretary(</u>	@modeltfordcluba	australia.org.au	Fees are payabl	e in advance to the foll ctronic Funds Transfer (ub of Australia	_

applicant(s) listed agree for their name(s), contact phone number(s), address suburb, and/or email address(es) to be published in the Club directory, Buzzer box publications, unless otherwise indicated.

I do <u>not</u> wish for personal details to be listed on this form to be published.

Commonwealth Bank of Australia

BSB: 065 115

Account Number: 00901856

OFFFICE USE ONLY							
DATE RECEIVED:		DATE ACCEPTED AT GENRAL MEETING:		DATE PAID:		RECIEPT NUMBER:	