

MEMBERSHIP FORM

2025 - 2026 Financial Year

Lot 11 Port Road Plantation Reserve, 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, available at www.modeltfordclubaustralia.org.au/club

		www.modelth	or a craba a stra	iaioi giaaj cio	<u>~</u>				
CATEGORY:	New Member \$25 Joining Fee Membership Renewal								
*General Meetings take place on the 1st Wednesday of each	*Approval of a new membership application is subject to ratification by the membership present at the next General Meeting following receipt of this form.								
month (except January) at 20:00hrs.									
MEMBERSHIP	*Full membership denotes (previous) Model T Ford ownership. Continuous membership that predates 30 June 2018 denotes eligibility for Full membership irrespective of vehicle								
TYPE: (select 1 financial option			ownership. *All conditions related to <i>Full</i> membership apply; Member must be aged 65 years or over						
only) *In order to process		Concession \$50 p.a.	and/or have primary residence in a <i>rural</i> or <i>remote</i> zone according to <u>RRMA classification</u> *An <i>Associate</i> membership is the <u>only</u> available membership option for owners of other						
membership, historic vehicle(s) requiring		Associate \$60 p.a.	make vehicles unless conditions for a <i>Full</i> membership have been met (refer to clause 6.2.4 of the <u>Constitution of the Model T Ford Club of Australia Incorporated</u>).						
<u>Conditional Registration</u> <u>must</u> be listed on the reverse side of this form.		Life/Honorary	*If <u>Conditional Registration</u> is required, <i>Life/Honorary</i> members must become financial members.						
MEMBER DETAILS									
TITLE:	GIVE	N NAME:		SURNAME	:				
DATE OF BIRTH:				MOBILE:					
OCCUPATION:				HOME PH	ONE:				
ADDRESS:									
ADDRESS.									
			STATE:			POST CODE:			
POSTAL ADDRESS: (if different from above)									
			STATE:			POST CODE:			
EMAIL:						I wish to receive a hard copy of the Buzzer Box (incurs \$5 annual fee).			
MEMBER SIGNATU	RE:				DATE:				
ADDITIONAL MEN	MBER	DETAILS (if applicable)							
	ADDITIONAL MEMBER 1 ADDITIONAL MEM				SER 2	ADDITIONAL MEMBER 3			
		(of the same family unit)	,	18 years of age ar same family unit		(under 18 years of age and of the same family unit)			
GIVEN NAME:									
SURNAME:									
DATE OF BIRTH:									
PHONE:									
EMAIL:									
RELATIONSHIP: (to Primary Member)									
Please ema	il comp	leted form and notification	n of payment	to <u>secretary</u> @	modeltfo	ordclubaustralia.org.au.			

HISTORIC VEHICLE DETAILS

OWNER(S) SURNAME	YEAR	MAKE	MODEL	BODY TYPE	PRIMARY COLOUR	REGISTRATION NUMBER	ENGINE	NUMBER	LEFT HAND DRIVE
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
									☐ Y ☐ N
New or replacement logbooks cost \$5	each. Please note	that logbooks expire after <u>3 cc</u>	onsecutive years from the date	e of issue.		Fees are p	avable in	Model T Ford Club	of Australia
Please email completed form and notification of payment to secretary@modeltfordclubaustralia.org.au .					advance to tl			onwealth Bank of Australia	
All member details included on this form will be stored in an electronic database owned by the Club. By signing this form, all 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, and/or on the Member's Only section of the Club website, unless otherwise indicated.				_		Account No: 0090	1856		

OFFICE USE ONLY							
DATE RECEIVED:		DATE ACCEPTED AT GENERAL MEETING:		DATE PAID:		RECEIPT NUMBER:	