



MEMBERSHIP FORM

2023-24 Financial Year

171B Hanson Road,
 ATHOL PARK SA 5012
 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.

MEMBERSHIP NUMBER:
(if known)

<p>CATEGORY:</p> <p>*General Meetings take place on the 1st Wednesday of each month (except January) at 20:00hrs.</p>	<input type="checkbox"/> New Member \$25 Joining Fee <input type="checkbox"/> Membership Renewal	
	<p>*Approval of a new membership application is subject to ratification by the membership present at the next General Meeting following receipt of this form.</p> <p>*Applicant attendance at the aforementioned General Meeting is strongly encouraged unless the applicant is located in a <i>rural or remote</i> zone according to RRMA classifications or located outside of South Australia.</p>	
<p>MEMBERSHIP TYPE: (select 1 financial option only)</p> <p>*In order to process membership, historic vehicle(s) requiring Conditional Registration <u>must</u> be listed on the reverse side of this form.</p>	<input type="checkbox"/> Full \$55 p.a. *Full membership denotes (previous) Model T Ford ownership. Continuous membership that predates 30 June 2018 denotes eligibility for Full membership irrespective of vehicle ownership.	
	<input type="checkbox"/> 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 <i>rural or remote</i> zone according to RRMA classifications .	
	<input type="checkbox"/> Associate \$60 p.a. *An Associate membership is the <u>only</u> available membership option for owners of other make vehicles unless conditions for a Full membership have been met (refer to clause 6.2.4 of the Constitution of the Model T Ford Club of Australia Incorporated).	
	<input type="checkbox"/> Life/Honorary *If Conditional Registration is required, Life/Honorary members must become financial members.	

MEMBER DETAILS

TITLE:	GIVEN NAME:	SURNAME:
DATE OF BIRTH:	MOBILE:	
OCCUPATION:	HOME PHONE:	
ADDRESS:		
STATE:		POST CODE:
POSTAL ADDRESS: (if different from above)		
STATE:		POST CODE:
EMAIL:	I wish to receive my copy of the Buzzer Box via email only. <input type="checkbox"/>	
*Associate members will <u>not</u> receive hard copies of the Buzzer Box, irrespective of above selection, unless regularly attending Club held events.		
MEMBER SIGNATURE:		DATE:

ADDITIONAL MEMBER DETAILS (if applicable)

	ADDITIONAL MEMBER 1 (of the same family unit)	ADDITIONAL MEMBER 2 (under 18 years of age and of the same family unit)	ADDITIONAL MEMBER 3 (under 18 years of age and of the same family unit)
GIVEN NAME:			
SURNAME:			
DATE OF BIRTH:			
PHONE:			
EMAIL:			
RELATIONSHIP: (to Primary Member)			

HISTORIC VEHICLE DETAILS

OWNER(S) SURNAME	YEAR	MAKE	MODEL	BODY TYPE	PRIMARY COLOUR	REGISTRATION NUMBER	ENGINE NUMBER	LEFT HAND DRIVE
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
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								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N

New or replacement logbooks cost \$5.00 each. Please note that logbooks expire after 3 consecutive years from the date of issue.

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

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.

I do **NOT** wish for personal details listed on this form to be published.

Fees are payable in advance to the following account via Electronic Funds Transfer (EFT):

Model T Ford Club of Australia
Commonwealth Bank of Australia
BSB: 065 115
Account No: 00901856

OFFICE USE ONLY

DATE RECEIVED:		DATE ACCEPTED AT GENERAL MEETING:		DATE PAID:		RECEIPT NUMBER:	
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