BENDIGO CAR CLUB Inc

Incorporation Number A 22547V

APPLICATION FOR NEW MEMBERSHIP

Date_____

I_____

(Full name of Applicant)

Of_____

(Address)

_____Post Code_____

Telephone Number Home_____ Work_____

Mobile_____

Email Address_____

Desires to become a member of the BENDIGO CAR CLUB Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Date of Birth_____ Occupation_____

With_____

(Name of Employer)

Applicants Signature_____

PROPOSER	SECONDER
I_____(Name)	I_____(Name)
Nominate the applicant, who is personally known to me, for membership	Nominate the applicant, who is personally known to me, for membership
_____(Signature)	_____(Signature)
Membership No_____	Membership No_____

JUNIOR MEMBERS If applicant is under the age of 18 years, consent for this applicant must be given by applicant's parent or legal guardian.

Signature of Parent/Guardian _____

MEMBERSHIP TYPE AND FEES		
Ordinary	$90*	
Junior	$40*	
Family	One ordinary membership plus $30* for each extra member	

***12 to 9 months 100% of fee. 9 to 6 months 75% of fee. 6 to 3 months 50% of fee. 3 to 0 months 25% of fee**

Membership year is 1st July to 30th June (financial year)

This form to be returned to:

Membership Secretary,
P.O. Box 361
Bendigo. 3552

Payment method:

☐ Cash (in person)

☐ Cheque/Money Order (payable to Bendigo Car Club Inc)

☐ Direct Deposit BSB 633000
Account No 101103901

Please quote Name of applicant

Application will only be accepted after payment has been received

OFFICE USE ONLY.

Received by _____Date_____

Payment confirmed by_____ Date_____

Amount Received $_____

Member Number _____ Card/s Issued Yes/No