BENDIGOCAR CLUB Inc.

Incorporation Number A22547V

MEMBERSHIP RENEWAL FOR 2026 / 2027

Club membership fees are due on the 1st July.
If you wish to compete after this date you will need to pay these fees and have a current membership card before the given event.
For members who have vehicles on the Club Permit Scheme you need to be a financial member to use your vehicle.
Membership cards will be posted out within 14 days from receipt of payment

Family Name_____Given Name _____
Postal Address_____
City/ Town_____ Post Code_____
Work Phone No _____ Home Phone No_____
Mobile No_____E-mail _____
Membership Number_____ Occupation_____Employer_____
Junior Yes/No Sign_____

Family Name_____Given Name _____
Postal Address_____
City/ Town_____ Post Code_____
Work Phone No _____ Home Phone No_____
Mobile No_____E-mail _____
Membership Number_____ Occupation_____ Employer_____
Junior Yes/No Sign_____

Family Name_____Given Name _____
Postal Address_____
City/ Town_____ Post Code_____
Work Phone No _____ Home Phone No_____
Mobile No_____E-mail _____
Membership Number_____ Occupation_____ Employer_____
Junior Yes/No Sign_____

Family Name_____Given Name _____
Postal Address_____
City/ Town_____ Post Code_____
Work Phone No _____ Home Phone No_____
Mobile No_____E-mail _____
Membership Number_____ Occupation_____ Employer_____
Junior Yes/No Sign

Membership Fees:

Adult membership:	$100:00
Junior membership:	$40:00
Family membership: one Adult membership plus	$30:00 for each extra member.

No of renewals Adult _____
Junior _____
Total Fees Due $_____

Payment method:

☐ Cash (in person)

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

☐ Direct Deposit BSB 633000 Account No 101103901
Please quote membership No or surname as your reference.

Please attach a copy of the payment slip to this form and email to enquiries@bendigocarclub.com.au
Or: Complete and return with fees to: Membership Secretary, Bendigo Car Club, P.O. Box 923, Maiden Gully, 3551.

OFFICE USE ONLY.
Received by _____ Date _____
Payment confirmed by_____Date_____
Amount Received $_____
Card/s Issued ☐