2018/19

MORRIS MINOR CAR CLUB OF VICTORIA INC.

A.R.N. A0001386N ABN 47 849 670 294

PO Box 354, Balwyn 3103

Application for Membership (Lapses 31 March)

Membership Number:.....

Title……Last Name:.....……..……
First Name: …….....….....…..... Partners Name …….……
Children/s Name/s……..……..
Address/Street:.....……...…
Suburb: .....State:.....…….....Postcode:.....
Applicant's Birthday …../……/…….. Partner's Birthday ..…/……/……..
Children/s Birthday/s …….……..
Home Phone: …..... Work Phone: …..... Mobile Phone: .....

Email Address ***(PLEASE PRINT)*** …….……

How did you hear about us? ……..……

MEMBERSHIP RATES **- *(includes 2 adults plus any children involved in the Club)***

☐ **$15.00 Entrance Fee.** ☐ **$45.00 Posted Magazine** ☐ **$25.00 Email Magazine**

Payment amount $ …….	Should you elect to receive your Club Magazine electronically rather than by post, please tick the box above and ensure you provide your email address.

☐ **Bank transfer of funds:** *BSB No:* **633 000** *Account No:* **1469 35168** *Date paid…..…….*

Account Name: Morris Minor Car Club of Victoria INC.
(For reference please quote :- Your last name / 2018/19 / New)

☐ **Cash** ☐ **Cheque/Money Order No: .....**

VEHICLE INFORMATION

How many Morris Minors do you own? ……. How many are on the road? …..…
Year ……. Model ……. Body Type ……. Reg. Number ……..…
☐ Original ☐ Restored ☐ Modified ☐ Daily Use
Name of car …… Colour …….…

If more than one, would you please attach a list of your vehicles.

I apply for Membership of the Morris Minor Car Club of Victoria Inc. I agree to be bound by the Constitution/Rules of the MMCCV Inc for the time my Membership is current.

Signature: _____ Date: _____

This membership application should be brought to the next General Meeting or posted to:
The Membership Officer, MMCCV Inc., PO Box 354, Balwyn, Vic, 3103

Phone enquiries can be made to the Membership Officer – Jim Gourlay on: (03) 9836 8563

Office Use Only	☐ Receipt ☐ Membership Card	☐ Stickers ☐ Database Entry	☐ Membership Book ☐ Detail Verification Sent