



MORRIS MINOR CAR CLUB OF VICTORIA INC.

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

PO Box 354, Balwyn 3103

2023/24

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)

- \$75.00 Posted Magazine** **\$40.00 Email Magazine**
(Rates include a one-off joining fee)

Payment amount \$

- 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 / 2023/24 / New)

- Cash** **Cheque/Money Order No:**

VEHICLE INFORMATION

How many Morris Minors do you own? How many Morris 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:** _____

Membership renewal should be brought to the next General Meeting
Or post to: The Membership Officer, MMCCV Inc., PO Box 354 Balwyn, Vic, 3103
Or emailed to the Membership Officer at membership@morrisminorvic.org.au

Enquiries can be made by phoning Membership Officer Jim Gourlay on: **0419 517 363**

Office Use Only	<input type="checkbox"/> Receipt	<input type="checkbox"/> Stickers	<input type="checkbox"/> Membership Book
	<input type="checkbox"/> Membership Card	<input type="checkbox"/> Database Entry	<input type="checkbox"/> Detail Verification Sent