# MORRIS MINOR CAR CLUB OF VICTORIA INC.

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

**PO Box 354, Balwyn 3103**

**2026/ 2027**

## *Life Member Information Sheet*

**(Should details not be returned, we will assume you have no further interest in our Club)**

Membership Number…….

Title……Last Name:.....
First Name:.....
Partners Name**:** …….
Address/Street:.....
Suburb:.....State:.....Postcode:.....
Life Member's Birthday…. /… /…..... Life Member Partner's Birthday …./…../…….
Home Phone: ..... Mobile Phone: .....

Email Address ***(PLEASE PRINT)*** ……

### ***YOUR VEHICLE(S)***

How many Morris Minors do you own? …… How many Morries on the road? ……
Year ……. Model ……. Body Type ……. Reg. Number ……
□ Original □ Restored □ Modified □ Daily Use
Are you a CH Permit Holder with **MMCCV Inc ?**: Yes / No Expiry Date …/…./……

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

*I agree to be bound by the Rules of the Morris Minor Car Club of Victoria Inc.*

**Signature:**_____ **Date:**_____

The Membership information 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:**

□ Membership Book □ Database Entry □ Detail Verification Sent