2026/27

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:.....
Home 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)***

☐ **$30.00** (includes the Club Magazine)

Please refer to our website if joining in the last 3 months of the financial year.

***PLUS* a Joining Fee of $20 for all applications.**

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 / 2026/27 / New)

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

VEHICLE INFORMATION

How many Morris Minors do you own? ……. How many Morries 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	☐ Receipt	☐ Stickers	☐ Membership Book
	☐ Membership Card	☐ Database Entry	☐ Detail Verification Sent