

NEW MEMBERSHIP APPLICATION FORM

Please complete in BLUE OR BLACK pen only and return with payment of \$60.00 to:



FB-EK Car Club Vic Inc
PO Box 3061
Auburn 3123

MEMBERSHIP NO: _____

Name	
Date of Birth	
Address	
Phone	
Email	
Partner's Name	
Partner's DOB	

Reason for joining the club: _____

Runs/Events that would interest you: _____

VEHICLE DETAILS:

MODEL: FB EK YEAR: _____ REG NO: _____

COLOUR: _____ BODY: _____

BRIEF DESCRIPTION AND HISTORY OF THE CAR :

Please understand that by signing below, the Club and its' members shall not be liable for any loss or damage whatever suffered (including, but not limited to direct or consequential loss and/or damage) or personal injury suffered or sustained, including travel to and from, during the course of any activity associated with the FB-EK Car Club Vic Inc. All signees are responsible for any actions of guests / family members invited to Club events by themselves.

Signed: _____ Date: _____

Date Joined: _____ M'ship Expiry Date: _____

Receipt No: _____

