



CANBERRA ANTIQUE & CLASSIC CAR CLUB
PO BOX 3427, MANUKA ACT 2603
REGISTRAR: BOB ALEXANDER
PHONE: 02 6235 5845

MEMBERSHIP APPLICATION

Dear Sir/Madam

Thank you for your enquiry about joining the club. CACMC was established in the late 60s by a group of enthusiasts who were interested in preserving older vehicles as a part of Australia's heritage movement, here in Canberra. It has now grown to be one of the largest clubs in our region and the only one in the ACT which caters of all marques of vehicles.

Membership is open to anyone with an interest in heritage vehicles and ownership of one is not a prerequisite. We currently have over 250 members with more than 300 registered heritage vehicles of all marques and ages up to the approved 30 year old requirement.

Personal involvement in club activities is an important aspect of becoming a member. Everyone is encouraged to attend a number of meetings and club activities/runs each year. This social interaction forms a bond within the heritage movement and is an opportunity for all involved to share their knowledge and experience in the restoration and maintaining of our vehicles.

Membership fees are \$50 pa for a family membership and \$45 for singles, to which is added an initial joining fee of \$15. The latter provides for a name tag, membership card, windscreen sticker and contributes towards the administrative costs of initial membership. You will also receive a copy of the club's monthly magazine 'The Colonial', recognised as one of the best around.

Your membership would be warmly welcomed. Please complete and sign the details below and return to the address indicated above or bring it along to a club meeting, together with the fees. Should you have any queries, please contact any of the committee members listed below.
President 6258 4590: Secretary 6288 9186: or Treasurer 6258 4616.

Proposed Members Details

First Name		Surname	
Preferred Name			
Spouse/Partner's First Name		Surname	
Preferred Name			

Home Address			
Suburb		State/Territory	Postcode

Postal Address (if different to above)			
Suburb		State/Territory	Postcode

Home Phone	Work Phone	Mobile Phone
Fax Number	E-mail Address	

Please turn over for important information and to sign the application.

Vehicle Particulars. Please provide details of vehicles to be listed in the members` register. If insufficient space, please attach a separate sheet. See notes below for guidance in completing this section.

Year	Vehicle Make, Model and Type	Status	Rego	Category	CRS

NOTES

- ***Status** can be: Being Restored (**BR**); Original & Registered (**OR**); Original & Unregistered (**OU**); Parts for Sale (**PS**); Restoration planned (**RP**); Restored & Registered (**RR**); Unregistered & Restored (**UR**)
- * **Rego**, please provide the vehicle registration number
- * **Category** can be Veteran (**VET**) to 1919 (**VIN**) to 1930, Historic (**HIS**) over 30 years old
- * **CRS**, please indicate with a cross (☒) or a tick (✓), if the vehicles are registered in the ACT under the Concessional Registration Scheme (**CRS**).

Declaration

Enclosed is my/our payment for \$..... (including \$15 joining fee, where applicable) for the selection indicated above. I/We understand that my/our subscription covers the period to 30 June of the current financial year and that my/our subscription falls due on that date each year. I/we have received a copy of the Constitution and By-Laws, I/we understand them and agree to observe them when my/our membership is approved. I/we also acknowledge that information provided on this form will be published in `The Colonial` and the Register of Members unless I/we specifically request otherwise.

Date _____ Signature(s) _____

Fees Payment

Fees may be paid by cash, cheque or credit card. If the latter facility is used, please complete the following details:

Name on Card _____ Card Type Visa or Mastercard
 Card Number _____
 Expiry Date ____/____ Amount \$ _____ Signature _____

Signature Applicant 1:	Signature Applicant 2:
Name:	Name:
Date:/...../20.....	Date:/...../20.....
Signature Proposer:	Signature Seconder:
Name:	Name:
Date:/...../20.....	Date:/...../20.....

Club Use Only		
Type of sub: S F Col	Fees Received: \$	Receipt No:
Membership No:	Cash/Cheque	Register Updated? Date:
Membership Card Issued? Y/N	Name badge(s) ordered? Date:	Published in Magazine? Date: