



PO BOX 5 BROOKSTEAD 4364

APPLICATION FOR MEMBERSHIP

Name
Date of Birth:
Address:
Postcode:.....
Telephone: (Home)(Work)
(Mobile).....(Fax)
Email:

ANNUAL FEES:

Junior Membership \$20.00 \$.
Full Membership \$40.00 \$.

TOTAL FEES:

FAMILY MEMBERS:

Spouse/Partner
1.
2.

I/We the above named hereby make application to the MILLMERRAN AUTO CLUB INC. for membership.
I/We understand that the application does not guarantee membership.
I/We agree to be bound by the rules of the constitution of the MILLMERRAN AUTO CLUB INC. if accepted for membership.

Signature of Applicant: Date: / /

Date received: / / Fee received: Yes / No Receipt No:

Membership Passed: Yes / No Date: / / Membership No: