**CANBERRA ANTIQUE & CLASSIC MOTOR CLUB**

**PO BOX 3427, MANUKA ACT 2603**

**MEMBERSHIP APPLICATION**

**Information:**

All Members are entitled to receive a copy of the club’s monthly magazine *The Colonial.* Normally this is by email. In special circumstances, or for an extra subscription of $20 pa, you may opt to receive *The Colonial* in printed form, by post.

Membership fees

1. **Initial joining fee** (includes issuance of membership badge(s)): $40, **PLUS**

2 **Annual membership fee**

* Family Member (2 named persons) $45 pa ( $65 with printed/posted Colonial), **OR**
* Single Member (1 named person) $40 pa ($60 with printed/posted Colonial)

**Note: The first Annual Membership fee on joining may be reduced pro rata for the remainder of the current membership year - contact treasurer@cacmc.org.au.**

Non-members may receive *The Colonia*l by post for an annual subscription of $25.  
 Please complete and sign the attached form and submit it

* + by email to [applications@cacmc.org.au](mailto:applications@cacmc.org.au), or
  + by post to the address at the top of this page, or
  + in person at a club meeting.

See **options for fee payment** on next page, below the declaration and signature line.

For queries on vehicle eligibility, contact our Club Registrar by email [registrar@cacmc.org.au](mailto:registrar@cacmc.org.au), or come to a club meeting.

**APPLICATION FORM**

**Proposed Members Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Membership Class** | | | **Family** | | **Single** | |
| **First Name** | **Preferred Name** | | | **Surname** | | |
| **[for FAMILY MEMBERSHIP only]** | | | | | | |
| **Partner`s First Name** | **Preferred Name** | | | **Surname** | | |
| **Home Street Address** | | | | | | |
| **Suburb** |  | | | **State or**  **Territory** | | **Postcode** |
| **Postal Address**  (if different to Home) | | | | | | |
| **Suburb** |  | | | **State or Territory** | | **Postcode** |
| **Home Phone** | | **Mobile Phone** | | | | |
| **Year of Birth [optional]** | | **E-mail Address** | | | | |
| **Magazine delivered by *email* or *posted print version*** (delete or circle one, to indicate your option) | | | | | | |

**ELIGIBLE VEHICLES and FEE PAYMENT -see over page.**

**Vehicle Particulars. Please provide details of vehicles to be listed in the members` register.**

**See notes below for guidance in completing this section, including current registration status. If insufficient space, please attach a separate sheet.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Vehicle Make** | **Model** | **Colour** | **Status** | **Rego** | **Category** | **CRS** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**NOTES FOR COMPLETING VEHICLE PARTICULARS**

**\*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 any current vehicle registration number. Please also provide COLOUR of the vehicle(s)

**\* Category:** Veteran (**VET**) to 1919 (**VIN**) to 1930, Historic (**HIS**) over 30 years old.

**\* CRS:** please indicate with a cross (**X)** if **SEEKING REGISTRATION** or a tick (**)**, if **ALREADY REGISTERED** in the **ACT or NSW** under a Concessional Registration Scheme **(CRS**).

**Declaration**

**Enclosed is my/our payment for $……… (including $40 joining fee, where applicable) for the membership category 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 by that date each year.**

**I/we understand that a copy of the Constitution and By-Laws are on the website** [**www.cacmc.org.au**](http://www.cacmc.org.au/) **and, I/we 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Options for Fees Payment**

* **Cash or cheque at the general meeting or**
* **Cheque made out to CACMC and forwarded to P O Box 3427, Manuka ACT or**
* **Direct Deposit to CACMC at Beyond Bank**

**BSB 325 185 Account number: 04059566**

**(notify the Treasurer by email**  [**treasurer@cacmc.org.au**](mailto:treasurer@cacmc.org.au)**)**

|  |  |
| --- | --- |
| **Signature**  **Applicant 1: ..………….…....….………..……**      **Name:** ….....………..…………..…………………      **Date:** ….../….../20.…. | [**IF FAMILY MEMBERSHIP.]**  **|Signature**  **Applicant 2:** …….….…………...………..…..      **Name:** ….....……...…………..……………………      **Date:** ….../….../20….. |
|  |  |

|  |  |  |
| --- | --- | --- |
| Type of sub:  **S F Col** | Fees Received:  **$** | Receipt No: |
| Membership No:    Membership Card Issued? Y/N | Cash/Cheque    Name badge(s) ordered?  Date: | Register Updated? Date:    Published in Magazine?  Date:  Colonial: Email or Mail |