**CANBERRA ANTIQUE & CLASSIC MOTOR CLUB**

 **PO BOX 3427, MANUKA ACT 2603**

**MEMBERSHIP APPLICATION**

Dear Sir/Madam

 Thank you for your enquiry about joining the club. Membership is open to anyone with an interest in heritage vehicles and ownership of one is not a prerequisite.

 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 $45 pa for a family membership and $40 for singles, to which is added an initial joining fee of $40. You will also receive a copy of the club’s monthly magazine *The Colonial* by email. In special circumstances, or by extra subscription ($20 for members, $25 for non-members), you may receive *The Colonia*l by post.
 Please complete and sign the attached form 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 our Club Registrar by email 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]  |
| **Spouse/Partner`s First Name** | **Preferred Name**  | **Surname** |
| **Home Street Address**   |
| **Suburb**  |   | **State/Territory** | **Postcode** |
| **Postal Address**(if different to Home)   |
| **Suburb**  |   | **State/Territory** | **Postcode** |
| **Home Phone** | **Mobile Phone**   |
| **Work Phone**   | **E-mail Address** |

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

**If insufficient space, please attach a separate sheet. See notes on following page for guidance in completing this section.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Vehicle Type** | **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 the vehicle registration number. Please also provide COLOUR of the vehicle(s)

**\* 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 $40 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 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Commonwealth Bank**

 **BSB 062 900 Account 2802 2621**

 **(notify the Treasurer by email**  **treasurer@cacmc.org.au****)**

|  |  |
| --- | --- |
| **Signature****Applicant 1: ..………….…....….………..……**  **Name:** ….....………..…………..…………………  **Date:** ….../….../20.…. | [**IF FAMILY OR CORPORATE 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 |