



NORTH EASTERN CAR CLUB Inc

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Name: _____
 Address: _____
 e-mail: _____ Postcode: _____
 Date of Birth: _____ Contact Phone Number.: _____

MEMBERSHIP DETAILS

Adult Membership ¹	\$60.00	¹ Adult membership	- One adult over 18 years old
Junior Membership ²	\$30.00	² Junior membership	- Under 18 years old
Family Membership ³	\$80.00	³ Family membership	- Two adults plus any children defined as those listed on the same Medicare Card
TOTAL \$ _____			

Membership is 12 months from the date of joining.

You will receive our monthly newsletter **The Good Oil** via email by default [as a pdf file link]

Please tick if you prefer a printed copy via **POST**

FAMILY MEMBERSHIP DETAILS (please attach on a piece of paper if you have additional under 18 family member)

Additional adult family member name: _____ Date of Birth: _____
 Additional U18 family member name: _____ Date of Birth: _____
 Additional U18 family member name: _____ Date of Birth: _____

I am interested in the following motorsport activities (please tick where applicable)

- Rallying Track Days Show & Shine Club Committee
- Khanacross/Motorkhana Circuit Racing Restoration/Restomod Event Organisations/Officiating
- Driver Awareness Hillclimb Other: _____

YOUR VEHICLES

Make	Model	Year	Please tick where applicable
			<input type="checkbox"/> Road car <input type="checkbox"/> Competition car
			<input type="checkbox"/> Road car <input type="checkbox"/> Competition car
			<input type="checkbox"/> Road car <input type="checkbox"/> Competition car
			<input type="checkbox"/> Road car <input type="checkbox"/> Competition car

I wish to become a member of the North Eastern Car Club Inc. for the period of 12 months and, if accepted, I agree to be bound by any club rules, constitution or by-laws which may be applicable.

Signature: _____
 Date: / / 20

Please mail the form & your cheque/money order to:

Membership Secretary
 North Eastern Car Club
 PO Box 138
 WANGARATTA 3676
 membership@northeasterncarclub.com.au

To pay by Direct Deposit:

BSB: 633 000
 Account No: 109 476 234
 Account Name: NECC General
 Reference: Your name

PLEASE NOTE: If paying your membership by direct debit, **YOU MUST** either mail or email your membership application to the Membership Secretary