



**P.O. BOX 60,  
CAMPBELLTOWN. SA. 5074**

Membership No .....

Receipt No .....

**PROPOSAL FOR MEMBERSHIP**

Surname ..... Given Names ..... D.O.B. ....

Given Names (Spouse) ..... D.O.B. ....

Address ..... Suburb/Town .....

Post Code ..... Occupation ..... Phone No .....

Mobile ..... Email .....

Other Skills .....

**VEHICLE DETAILS**

Year ..... Model ..... Type .....

Engine No ..... Chassis No ..... Rego .....

Known History .....

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1. Membership fees are : \$50.00 Single. \$60.00 Joint. \$30.00 Associate.

2. A \$20.00 Joining fee is applicable for all new members.

3. The clubs financial year is from 1<sup>st</sup> May to 30<sup>th</sup> April.

4. Please make cheques payable to "The Cortina Capri Car Club of SA Inc."

Type of membership required ..... Amount paid \$20.00 + \$..... = \$ .....

(If the car is in joint names all owners must be members)

Date ..... / ..... / .....

Signature .....