

MEMBERSHIP APPLICATION



Classic and Historic Automobile Club of Caboolture Inc.

PO Box 514
Caboolture Qld 4510
www.chacc.com

OUR AIM is to bring together persons with a common interest to encourage the use, maintenance and preservation of motor vehicles of classic and historic classification without prejudice to make, model, method of manufacture or country of origin. As well as vehicles of special interest, which may from time to time be determined by the committee.

Surname: _____

First Name: _____ Preferred Name: _____

Partner: _____ Preferred Name: _____

Address: _____

Suburb: _____ Postcode: _____

Age (if under 25): _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Other Phone: _____

Email: _____

Membership Type	Fee
<input type="checkbox"/> Full Member	\$40
<input type="checkbox"/> Full Concession	\$34
<input type="checkbox"/> Joint Membership	\$45
<input type="checkbox"/> Joint Concession	\$38

Please tick one of the above options

Add application Fee: \$15 Full, \$11 Concession.

Joint Membership: Husband/Wife/Partner, Etc.

Concession Rate: Full-time student or Pensioner.

Renewals: Pro-rata membership applies from 1st March and 1st June.

All memberships will be due as of the 31st August each year.

Please describe your vehicles below as Original, Rolling Restoration or Restored.

Year	Make / Model	Restored	Body Style	Comments

Do you belong to any other car club or register? Yes No Which one? _____

Are you prepared to volunteer your time and/or services to the club in any capacity? Yes No

What services or skills can you offer? _____

Sponsor Name (optional): _____

Sponsor Signature: _____ Date: _____

I the undersigned agree to abide by the constitution and by-laws of the Club and comply with Qld Transport Regulation re SIV Registrations.

Applicant's Signature: _____ Date of Application: _____

Applications may be refused at the discretion of the committee.