COFFS HARBOUR & DISTRICT SPORTING CAR CLUB INC.

(PO Box: 101 Coffs Harbour, NSW, 2450). A Cams affiliated club. ABN: 59 953 299 307.

APPLICATION FOR MEMBERSHIP

To the Committee of the Coffs I	Harbour and District Sportin	g Car Club Inc.	
I,	Cal Carrier 12.	of the under mentioned a	iddress desire to
become/continue as a member of name on the register of members		strict Sporting Car Club and req	uest you enter my
In consideration of my election	<u> </u>	be bound by the club constitu	ition and rules as
amended from time to time in		y membership may be cancelle	d at any time as
considered appropriate by the co			
Dated this the			
Signature of Applicant:		Date of Birth:/	_/
NAME IN FULL (Print):			
FULL ADDRESS (Print):			
		P/C:	
Phone: Home;	Mobile:		
E-mail address			
Please note your email address	will be added to a contact gr	roup named	
Coffs Harbour & District Spo	orting Car Club-Email Lis	t. Do you wish to be placed on	this list for Club
information ONLY? ie; Newsler	tters, club events. Please circ	ele YES or NO	
Please list names of Family men	nbers covered by membershi	ip (If Applicable):	
Wife / Partner: Children 12 to 17yrs:			
		Date of Birth:/_ Date of Birth:/_	
		Date of Birth:/_	
		Date of Birth:/_	/
DO YOU CURRENTLY HAVE	E A CAMS DRIVERS / OFF	FICIALS LICENCE? YES	_ NO
IF YES PLEASE NOTE THE L	ICENCE NUMBER	& TYPES	
NEW MEMBERS ONLY			
NAME of Member Proposing (I	Print):		
NAME of Member Seconding (Print):		
SIGNATURE of Proposer:			
SIGNATURE of Seconder:			
Please Circle the type & period	d of membership required	•	
SINGLE MEMBERSHIP: 1 Y			
COUPLES / FAMILY MEME JUNIOR SINGLE MEMBER			
This Form (Once Completed,	• •		b Member.
at a Club Meeting, Event or E		_	· -

Electronic payment can be made to: Bananacoast Community Credit Union.

ACC: Coffs Harbour & District Sporting Car Club Inc.

BSB # 533 000

ACC # 100466187

Please use your Surname as a Ref: