

ACT SMALL FORD OWNERS CLUB

PO Box 1249 WODEN ACT 2606 | www.actsmallfordowners.org



MEMBERSHIP APPLICATION

NAME			MALE	FEMALE
ADDRESS				
Telephone	(H)	(W)	(M)	
EMAIL				
Share contact details with other members		Address	Email	Phone H W M
Vehicles	a) Year	Model	Used: Daily / Weekly / Less often	
	b) Year	Model	Used: Daily / Weekly / Less often	
	c) Year	Model	Used: Daily / Weekly / Less often	
	d) Year	Model	Used: Daily / Weekly / Less often	
Other Details	1. How did you hear about this club? (please tick)			
	Newspaper			
	Internet			
	Friend/contact			
	Other - please specify			
	2. Are you currently a member of another club? Y / N			
	3. Reason for joining the club (please tick more than one if appropriate)			
	Social			
	Motorsport			
	Organised activities e.g. Observation runs, skidpan days			
	Restoration			
	Spares			
	ACT Concessional Registration			
	Other - please specify			
4. Have you visited our website (as shown above)? Y / N				
5. Comments or club activities that you would like to see happen				
BY SIGNING THIS APPLICATION, YOU ARE SIGNIFYING THAT YOU SHALL ABIDE BY ALL THE TERMS AND CONDITIONS AS SPECIFIED IN THE CLUB CONSTITUTION				
Signature:		Date:		
Membership Fee - Full \$30 Associate \$10				
Bank: Commonwealth Account name: ACT Small Ford Owners Club BSB: 062 900 Account Number: 10242730				

Membership Officer Use Only:

Membership No : Receipt No :

Expires : 30/06/20....