



MEMBERSHIP APPLICATION

Name: _____

Address: _____

_____ Postcode: _____

Phone: AH: _____ BH: _____

Mobile: _____ Fax: _____

E-mail: _____

Associate & Family Members: _____

(spouse and/or children under 18 years) _____ D.O.B: _____

_____ D.O.B: _____

_____ D.O.B: _____

MEMBERSHIP FEES

- Adult \$60.00
- Junior \$25.00
- Double/Family \$75.00
(spouse and/or children under 18 years)

TOTAL PAYMENT ENCLOSED \$ _____

(Cheque payable to "Historic Rally Association")

DECLARATION

If my membership application is accepted, I agree to be bound by the rules and constitution of the Historic Rally Association Inc.

Signed: _____

PLEASE LIST YOUR HISTORIC VEHICLES

Make	Model	Year	Colour	Reg. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please return to: The Membership Secretary
Mrs Kate Officer, 641 The Boulevard, EAGLEMONT, 3084
email:- dinta@optusnet.com.au