



The Veteran Car Club of Australia (Queensland) Inc

Joint Patrons: Her Excellency The Honourable Dr. Jeannette Young AC PSM Governor of Queensland
and Professor Graeme Nimmo RFD

Address all Correspondence:
Hon. Secretary VCCA(Q) Inc.,
1376 Old Cleveland Rd,

CARINDALE, QLD, 4152

Email: secretary.vccaq@gmail.com

Form B1.1

APPLICATION FOR MEMBERSHIP

We/I _____
(Print full name or names if application for Joint Membership)

on/...../20..... hereby apply for membership of the **Veteran Car Club of Australia (Qld) Inc.**, and enclose the **\$30** joining fee, plus \$.....Membership fee for one-year (refundable if not elected). The monthly club magazine, Veteran Torque, is available on the VCCA(Q) website and emailed to members monthly. However if you desire, a paper copy can be posted to you for a **\$20** yearly fee.

Full Membership (single) \$55, Joint Membership \$61, Country* Membership (single) \$41, Joint Membership \$47 Associate Membership \$41.

*Country membership is defined as living outside 150km from Brisbane GPO.

Joining fee \$30, Membership fee for one year \$....., Magazine fee for one year \$....., **TOTAL \$.....**

Bank details: **Direct Deposit** is **BSB: 124-001 Account Number: 21577447** giving your name and Town/Suburb as reference. **Cheques** can be posted to the address above.

My Residential Address: _____ Postcode _____

My Postal Address: _____ Postcode _____

Phone No: Home _____ Bus _____ Mob _____ Mob _____

Email: _____ Email: _____

Partner's Name: _____ Number of children under 16 _____

Do you own a Veteran Vehicle/s **Yes** or **No**. If yes, please complete the following.

Car 1: Make: _____ Model: _____ Year of Manufacture: _____ Engine No: _____

Registration No: _____ Body Style: _____ Restored? **Yes** or **No**

Car 2: Make: _____ Model: _____ Year of Manufacture: _____ Engine No: _____

Registration No: _____ Body Style: _____ Restored? **Yes** or **No**

(Please attach additional details if more than two vehicles are owned.)

I agree, that if elected to membership, to be bound by the Constitution, Articles of Association, By-Laws and Rules of the club.

I authorise that our/my contact details be published in the National Roster of Members and the Queensland Register of Members for distribution to all financial members. **Yes** or **No**

Signature of Applicant/s: _____

Proposer: _____
(Print Name) (Signature) (Date)

Secunder: _____
(Print Name) (Signature) (Date)

Office use only	Treasurer \$	Mailing List	Register Entry	Membership Card	Directory Entry	Date Elected	
Date							
Initial							