

# Sapphire Coast Historic Vehicle Club Inc

## Application for Membership



### Applicants Details

First name	Surname		
Street/Postal Address			
Town/Suburb	State	Postcode	
Phone Number	Mobile Number		
Email Address			
Occupation	Spouse/Partners Name		

Please tick this box if you consent to your contact details being shared with your fellow club members.

I consent to my contact details and vehicle type being shared with other club members

I agree to abide by the constitution and rules of the Club (as amended) during the period of my membership

Signature	Date
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### Details of Historic Vehicle(s)

Please use the back of the form or attach a separate page if there isn't enough room.

Make	Model	Year	Body Type	Rego No

### Proposer

*I attest that I am a financial member of the club and nominate the applicant for membership of the Club.*

First name	Surname		
Signature	Date		

### Secondar

*I attest that I am a financial member of the club and second the nomination of the applicant for membership of the Club.*

First name	Surname		
Signature	Date		

### Club Use Only

Membership Register Updated

Receipt Number
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