



MG CAR CLUB OF QUEENSLAND INC
 Affiliated with the Confederation of Australian Motor Sports. ABN 17 363 680 667
 Postal Address: GPO Box 1847, Brisbane, Qld 4001

2018 FAMILY MEMBERSHIP APPLICATION FORM

**The Membership Secretary
 MG Car Club of Qld Inc
 GPO Box 1847, Brisbane, Q 4001**

Family membership is defined as the spouse or a child, under 18 years, of a full member. A family member cannot use the membership to apply for a CAMS licence, gain club points nor vote at meetings nor move nor second any motion nor hold Club Office.

Name in full: (PLEASE PRINT) _____

Residential Address: _____
 _____ P/CODE _____

Occupation: _____ Company _____

Phone (W): _____ (H): _____

(Mobile): _____ (Email): _____

I, the undersigned, hereby apply for family membership of the MG Car Club of Qld Inc. This application is subject to the acceptance by the Executive Committee and extended on condition that I will agree to abide by the Rules of the Club and the conditions of Family membership as listed above.

I am the _____ (spouse/son/daughter) of full member Number _____. My date of birth is _____.

Name of full member (Please print) _____

Dated _____ Applicant's signature _____

Proposed by: _____ Seconded by: _____

PAYMENT DETAILS – for name badge (\$15) if required. There is no charge for membership.

Please print name required on badge _____

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 Please find enclosed Cheque/cash for \$ 15

OR

CREDIT CARD PAYMENT

Amount \$15 Visa or Mastercard Expiry date ___ / ___ CCV

Name on card _____ (PLEASE PRINT)

Signature _____