



MG CAR CLUB OF QUEENSLAND INC.

Affiliated with the Confederation of Australian Motor Sports
Postal Address: GPO Box 1847, Brisbane, Qld, 4001

New Membership Application Form

The Membership Secretary
MG Car Club of Qld Inc.
GPO Box 1847, Brisbane Q1d 4001

Membership Secretary
Matt Johnson
Ph: 0402 314 947

Name in Full: _____ (PLEASE PRINT CLEARLY)

Residential Address: _____
Postcode: _____

Postal Address: _____
Postcode: _____

Occupation: _____ Company: _____

Phone (W): _____ (H): _____

(Mob): _____ (Email): _____

Previous Member Yes/No (If yes, please advise Membership No. if possible): _____

Date of Birth : _____

Particulars of Vehicle(s)

Manufacturer: _____ Model: _____ Year: _____

Registration No: _____ Engine No: _____ Capacity: _____

I, the undersigned, hereby apply for membership in the MG Car Club of Queensland 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.

Dated: _____ Signed: _____

Proposed by: _____ Seconded by: _____

\$90.00 - Annual Membership

\$70.00 - Country Membership (outside 160km radius of Brisbane)

\$35.00 - Junior competing membership

\$35.00 - Club T-Shirt (Plus \$10 P/H). Please circle Size -- S, M, L, XL, XXL and colour -- sand or maroon

\$ 15.00 - Name badge (incl post.)

\$ 8.80 - Cloth Badge (80mm diameter)

\$33.00 - Grille Badge (Plus \$10 P/H)

\$15.00 - Club Cap (Plus \$10 P/H)

\$ 2.00 - Windscreen Sticker (incl post.)

Print name/s required on badge: _____

Membership	\$	Regalia	\$	TOTAL ORDER	\$
Payment Type	Credit Card	Cheque	Cash	Bank Deposit	

Direct Debit/Bank Transfer is now available. Account name MG CAR Club of Qld. Inc. NAB BSB 084263 Account No.464938785. Please use your Surname and/or Club No. as the deposit Reference ID (e.g. Smith 1234)

MGCCQ New Membership	CREDIT CARD PAYMENT		Amount \$ _____
Credit Card:	Mastercard	Visa	CCV _____
Card No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	Signature: _____		
Cardholder's name (Please print):	_____		

Note: CAMS
Level 2 Licence
Phone CAMS
1300 653 529