

Capri Car Club Inc. Membership Application Form (V4) When complete please send form and payment (if applicable) to

• E-mail : membershipsec@capricarclub.org.au
• Mail: PO BOX 155, ASHBURTON VIC 3147

All details are for office use only and are kept confidential

I / We (full name / s):		
Address:		
Suburb:	State:	Postcode:
Tel - Home:V	Vork:	Mobile:
E-mail:		
Occupation:		Date of Birth:
Membership No. (existing member)		
CAMS Licence No.: (if applicable):	Level:	Expire Date:
Hereby apply for membership of twhilst I / we remain a member/s.	he Capri Car Club Inc. a	and agree to abide by its rules
Signature / s:		_Date:
, , ,		Capri Car Club Inc. BSB: 083-269
,	Cash	
Note: above inc. a one off \$15 Joining Fee	Cheque - Payable to Capri C	ar Club Inc.
Club Interests  Uehicle Information Social Parts Menter P	lotorsport 🛭 Other	
How do you pre	fer to receive your monthly n	o receive your newsletter via e-mail! ewsletter? a digital copy sent to my e-mail.
<u>Vehicle 1</u>	Member Profile	Optional: Details may appear
Month / Year:	Name:	in club publications
Consul Mk.1 Mk.2 Mk.3 Convertible	Current car/s:	
Model Type:		
Colour:	Previous car / s:	
Engine Capacity: cc  Cylinder Config: I I4 V4 V6 V6 V8	Cars you would like to ow	n:
Transmission:	Cars you hate:	
Engine No.:		
Registration No.:	Other Interests:	
Vehicle 2	Favourite food:	
Month / Year:		
Consul Mk.1 Mk.2 Mk.3 Convertible	Favourite drink:	
Model Type:	Favourite music:	
Colour:	Tricky moment behind the	ne wheel:
Engine Capacity: cc		
Cylinder Config: 🔲 I4 🔲 V4 🔲 V6 🔲 V8	Future plans with the Ca	pri:
Transmission:		
Engine No.:	What you would like to s	see more of done by the Club:
Registration No.:		