

# **FIAT-LANCIA CAR CLUB OF SOUTH AUSTRALIA Inc.**

## **Membership Application/Renewal**

P.O. Box 105, North Adelaide, SA 5006

**For more information please contact the Secretary**  
***Geoff Linton 0411 238 808***

### **Member Details**

<b>Family Name</b>	<b>Given Name</b>	<b>Postal Address</b>
<b>Home Phone</b>	<b>Mobile</b>	<b>E-mail Address (please print)</b>

Yearly membership for Full Members includes immediate family (partner and dependent children/students) living at the same address. Family members **must** be notified below to be included as Family Members.

### **Nominated Family Members at Same Address**

<b>Family Name</b>	<b>Given Name</b>	<b>Family Name</b>	<b>Given Name</b>

### **Details of vehicle(s)**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Colour</b>

### **Annual Membership Fees**

Full Membership \$70..... ☐  
Country membership \$35 (If resident more than 80 km from Adelaide GPO) ..... ☐

Membership covers the period 1<sup>st</sup> January to 31<sup>st</sup> December each year.  
Payment must be forwarded with application/renewal form.

Payment by EFT (BSB Details below \*) (Date of EFT ...../...../.....) ..... ☐  
(Please attach a print-out of transfer, including your name)  
Cheque/Money Order attached .....  
Cash (Please pay in person to Treasurer or Secretary) ..... ☐

**\* BSB No. 805-050; Acct No. 61222503**

***I agree that if I am accepted as a member of the Fiat-Lancia Car Club of South Australia, I will be bound by the constitution of the club.***

**Signed.....** **Date...../...../.....**