



SUNSHINE COAST ANTIQUE CAR CLUB

(Incorporating Antique Car Club of Nambour)

A.B.N. 64 010 012 781

P.O. Box 362
NAMBOUR QLD 4560

General Enquiries: 0404 291 146
Email: scaccsecretary@gmail.com
Web Site: www.scacc.org.au

APPLICATION FOR MEMBERSHIP (PRINT CLEARLY)

MEM NO.

I, and my spouse/partner
of Postcode.....
PH: MOBILE: EMAIL:
ICE No & Name(In Case of Emergency & not published in Register)

wish to apply for single membership \$40 OR dual membership \$50 (delete one) of The Sunshine Coast Antique Car Club. (Note: Partners of members can automatically become associate members for free without voting rights.) I/We agree to be bound by the Articles of Association and any Rules made by the Club. I/We will participate in Club events to the extent that I/we are able, recognising that a minimum of three meetings (one should be the AGM) and three rallies each year is the expectation of my fellow members.

- I understand that the Club is a not-for-profit company, limited by guarantee.
- Please EMAIL (instead of posting) the Club newsletter, **Auto Antics**, to me (approx 3mb):
- All members are expected to work a 2hr shift at our annual Swap Meet on the last Saturday of July. Shift times run from Friday 10am through the night to late Saturday afternoon.

YES	NO
-----	----

Please indicate your willingness to help out at the Swap
Indicate day and time

YES	NO
-----	----

The Club is required to keep a membership register including personal contact details which is maintained by the Club Registrar. From time to time the Club publishes this Register for distribution to Club members to allow contact between members.

While the SCACC takes reasonable steps to protect the personal information it holds from misuse, loss, unauthorised access, modification or disclosure, we ask you to complete the privacy listing preferences below.

Tick one box

- ONLY LIST MY NAME AND MEMBERSHIP NUMBER in the published version of the Membership Register. OR
- YES, list my personal details as advised here, in the published version of the Membership Register.

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

***PROPOSED BY(Print name)
who is a financial member of the Sunshine Coast Antique Car Club

How would you like name/s printed on Club badge/s -

Please list your vehicle/s which are of interest to the Club:-

IF INSUFFICIENT SPACE PLEASE ATTACH EXTRA SHEET

YEAR	MAKE	MODEL	BODY STYLE	CONDITION (See Legend)	REGISTRATION (See Legend)

CONDITION LEGEND		REGISTRATION LEGEND	
Original	= O	Concessional Plates	= CP
Restored	= R	Not Registered	= N
Under Restoration	= UR	Full Registration	= F
Parts Car	= PC		

APPLICATION PROCEDURE

To be completed by applicant

Club events attended:

1.Date..... Name..... ..Sign.....
- 2 Date..... Name..... Sign..... .
- 3 Date.....Name..... Sign.....

To be completed by committee member

Confirmed by:

COMMITTEE USE ONLY

Application presented to Committee on

At Committee Meeting - Application seconded by(print name)

Letter 1. sent by Secretary on

Published in Auto Antics No.

Application accepted / rejected by General Meeting on

Information Pack and name badges given to new member/s YES/NO

Membership type **Single / Associate / Dual**

Joining fee paid \$10 Date.....

Membership dues paid \$..... Date.....

Letter 2. sent by Secretary on

Membership number

Mailing and Emailing list updated

Register updated

****NOTES.

- Application to be retained by applicant and presented to a Committee Member for verification at three Club functions.
- When three signatures have been received this form is to be kept by last signatory for presentation at Committee Meeting. (see below for signature)
- Applicant to pay required joining and annual fee at time of handing in the application form (see below for signature)
- Person to whom the application form and payment is received by should sign the bottom of this form noting amount received, by what means and date
- Form to be retained by Secretary once Committee has processed application.
- When all action complete, application and acceptance letters to be filed in Membership Register.

Application form received by **Date**

Payment of \$..... **by cheque, direct deposit (receipt), cash**

SCACC Account details – BSB: 633 000 Account No: 169305224 (your surname as reference)