



**AUTOMOBILE RESTORERS ASSOCIATION
GOLD COAST Inc.**

MEMBERSHIP APPLICATION

PRINCIPAL MEMBER NAME:

ASSOCIATE MEMBER NAME:

ADDRESS:

..... POSTCODE:

PHONE: HOME: WORK:

MOBILE: EMAIL:

HOBBIES: HOW DID YOU HEAR ABOUT US?

BIRTH DAY & MONTH: SELF ASSOC. MEMBER

IN CASE of EMERGENCY (I. C. E.) Information.

Preferably a
Third Party NAME PHONE

VEHICLE DETAILS: (Note: To qualify for Concessional Registration, a vehicle's owner must be a financial member and the vehicle be certified by the Association Dating Officer to be authentic and at least 30 years old)

MAKE: MODEL: YEAR:

NO. OF CYLS: BODY TYPE: COLOUR:

CONDITION: A. Original B. Fully Restored C. Partially Restored D. Under Restoration
(PLEASE CIRCLE) E. Awaiting Restoration

ANY SPECIAL FEATURES?

ADDITIONAL VEHICLES OF INTEREST THAT YOU OWN:

.....

.....

A BRIEF EXPLANATION OF
WHY YOU ARE JOINING:

LIST ANY OTHER CLUBS YOU
BELONG TO AND POSITION:

.....

JOINING FEE: \$55.00
(Includes 1 yr subs, monthly magazine, club shirt & sticker)
YEARLY SUBSCRIPTION is \$20.00 per subsequent year
SUBS ARE DUE AND PAYABLE AT THE AGM held early August annually

I hereby agree to abide by the Rules of the Association and if accepted, to attend at least 3 meetings and 3 club events per year. Failure to do so may result in termination of membership at the Committee's discretion.

TOTAL PAID: \$ DATED:

SIGNED: OCCUPATION:

MAIL COMPLETED APPLICATION WITH CHEQUE/MONEY ORDER TO:
THE SECRETARY, ARAGC, PO BOX 6867, GCMC BUNDALL, QLD, 9726
- or bring along to our next meeting.