



PIONEER VALLEY CLASSIC CAR CLUB

Email – secretary@pioneervalleyclassiccarclub.com.au

P O Box 376, Mirani Qld 4754

31 Alexandra Street, Mirani

President – Paul Cavanagh 0437 724 989

Vice President – Marc Di Guardo 0407 696 095

Secretary – Tracey Woods 0407 696 929

Treasurer – Kim Hornick 0438 002 835

All Correspondence to: The Secretary, PVCCC, PO Box 376, Mirani Q 4754

Incorporation Number: IA38020

Pioneer Valley Classic Car Club Inc

2018 MEMBERSHIP FORM

Pioneer Valley Classic Car Club is a not for profit club.

Our objective is to promote the ownership of custom cars in a social club environment as a family based sport for the young and old.

This membership application form, when used for new members, should be read in conjunction with the club constitution. (Please see Secretary for a copy for you to read).

This form is to be accompanied by membership fees
New Member Joining Fee + Annual Membership \$125

Renewal of Club Membership \$75 Full

Renewals Due 30th June each financial year

Associate/Social Membership \$75 to join (\$25 to renew)

(Please Tick)

- New Member
- Full Membership
- Associate Membership Only

BANK OF QLD DETAILS

"Pioneer Valley Classic Car Club" BSB: 124001 ACCOUNT: 21418737

Please use Surname for Remittance & email to: treasurer@pioneervalleyclassiccarclub.com.au

Payments can be made by cash, cheque or EFT. Cheques should be made payable to: **Pioneer Valley Classic Car Club**

This membership is valid for a period of one financial year. Membership renewal being due 30th June each financial year.

Personal Details

*Title	*First Name	*Surname	*Date of Birth	*Occupation
Postal Address for Correspondence				*Postcode
Home Phone		Mobile Phone Contacts		Business Phone
*Email Address (please write clearly)				

Car Details

	Make	Model	Year	Colour	Engine
1					
2					
3					

Please accept my application for, or renewal of, membership of Pioneer Valley Classic Car Club.

I agree to abide by the constitution of the club.

(Club rules: as per "MODEL RULES FOR AN INCORPORATED ASSOCIATION" Associations Incorporated Regulation 1999 – schedule 4)

I agree to share information included on this form with other club members Yes No (Please tick a box, if this box is not checked your details will not be entered on the Membership List)

Signed.....

Date.....

Date Joined	Club card	Email list	Membership list	Amount Paid	EFT/Cheque/ Cash	Receipt Number