



MEMBERSHIP APPLICATION

New Membership	<input type="checkbox"/>
Renew Membership	<input type="checkbox"/>

Please Select Membership Type		
Single	<input type="checkbox"/>	\$45.00
Family	<input type="checkbox"/>	\$35 Plus \$20 per person
Single Event	<input type="checkbox"/>	\$20.00
Associate	<input type="checkbox"/>	\$30.00
Junior	<input type="checkbox"/>	\$25.00

MEMBER 1 DETAILS

FAMILY NAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
MEMBERSHIP NO.	(Office use only)		

MEMBER 2 DETAILS

FAMILY NAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
MEMBERSHIP NO.	(Office use only)		

MEMBER 3 DETAILS

FAMILY NAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
MEMBERSHIP NO.	(Office use only)		

MEMBER 4 DETAILS

FAMILY NAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
MEMBERSHIP NO.	(Office use only)		

MEMBER 5 DETAILS

FAMILY NAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
MEMBERSHIP NO.	(Office use only)		

PAYMENT DETAILS

Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
E.F.T.	<input type="checkbox"/>

PAYMENT TOTAL \$

Permission to pass on
Email and Phone details
to other members Y/N

E.F.T. INFORMATION

BSB:	805-050
ACCOUNT NO.	61314736
ACCOUNT NAME:	Onkaparinga Ramblers Car Club Inc

PLEASE MAIL THIS FORM AND ANY PAYMENTS
(if required) to:
ONKAPARINGA RAMBLERS CAR CLUB
5 Eloise Ct Woodcroft S.A. 5162
or e-mail to ramblerscarclub@live.com