



CLASSIC & HISTORIC AUTOMOBILE CLUB OF CABOOLTURE INC.

P O Box 514, Caboolture Qld 4510
e-mail: secretary@chacc.com

APPLICATION FOR MEMBERSHIP

Surname: _____

First Name: _____ DOB: _____

Partner: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile _____

E-mail _____

Membership Fee Type

- Full Member \$40
- Full Concession \$34
- Joint Membership \$45
- Joint Concession \$38

Please tick one of the above options

Add application Fee:

\$15 Full, \$11 Concession.

Joint Membership: Husband/Wife/Partner

Concession Rate: Full-time student or Pensioner.

All memberships due 31st August each year.

Please describe your vehicles below as Original, Rolling Restoration or Restored

YEAR	MAKE/MODEL	BODY STYLE	RESTORED	COMMENTS

Do you belong to any other car club or register? Yes No Which one? _____

Are you prepared to volunteer your time and/or services to the club in any capacity? Yes No

What services or skills can you offer? _____

Sponsor Name (optional): _____

Sponsor Signature: _____ Date _____

I the undersigned agree to abide by the constitution and by-laws of the Club and comply with Qld Transport Regulation in relation to SIV Registrations. By signing this form, you accept that your contact details will be distributed to other Members of the Club.

Applicant's Signature: _____ Date of Application: _____

Payment Details: Cheque and Money Orders payable to CHACC – Post or Bring to a Club Run
Bank Details: BSB 484-799 Account 130084220- Add name to Details

OUR AIMS:

To bring together persons with a common interest to encourage the use, maintenance and preservation of motor vehicles of classic and historic classification without prejudice to make, model, methods of manufacture or country of origin. As well as vehicles of special interest which may from time to time be determined by the committee.