



Club Automobile Francais Inc
PO Box 162
Edwardstown SA 5039

Email: info@clubautofrancais.com
Website: www.clubautofrancais.com

20__ NEW MEMBERSHIP APPLICATION

Name.....Occupation.....

Address.....Postcode.....

Phone: Home..... Work..... Mobile.....

Email: (for newsletters/club notices)

Vehicles: Make.....Model.....Type.....Year.....

Make.....Model.....Type.....Year.....

Make.....Model.....Type.....Year.....

Make.....Model.....Type.....Year.....

Make.....Model.....Type.....Year.....

Please place a tick in above squares if your vehicles require Historic Registration

Annual FEES: Full Membership \$55.00 per year

Concessional (Full time student, pensioners or unemployed) \$45.00 per year

Family (per additional member) \$25.00 per year

Please forward your payment by cheque and completed application to the Membership Officer:

Club Automobile Francais

PO Box 162

Edwardstown SA 5039

Email: info@clubautofrancais.com

Payment by Direct Deposit (Preferred Option) please use your surname as a reference and mail completed application form as above.

A/c Name: Club Automobile Francais Inc

BSB: 105-022

A/c no: 110593540

Ref: your surname

Signature..... Date.....

How did you find out about our Club?

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