



**IVVVC
PO BOX 112
BOOVAL Q 4304**

Email: ivvvc@hotmail.com

Website: www.ivvvc.org.au

APPLICATION FOR MEMBERSHIP

NAME: _____

SPOUSE OR PARTNER: _____

(Included in Member Register and eligible for full membership rights)

ADDRESS: _____

PHONE NUMBER: (H) _____ **MOBILE:** _____

EMAIL ADDRESS: _____

I would like to receive my club correspondence by **Email** **Mail**

DETAILS OF VEHICLES:

YEAR	MAKE	MODEL	CONDITION	REG NO

I hereby agree and my spouse/partner agrees to abide by the constitution of the Club and not hold the Club responsible in the event of any accident involving my/our vehicle(s) and causing damage to persons or property.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SPOUSE / PARTNER : _____

Please forward to: The Secretary, IVVVC, PO Box 112, Booval Qld 4304. The application fee of \$20.00 and annual membership fee of \$35.00 can be paid at a General Meeting or by cheque to the above address. **Please note:** you are required to attend a General Meeting of the club before your application for membership can be considered for approval.

Proposed by:Seconded by:Date:/...../.....

<p>CLUB USE ONLY Approved by Management Committee/...../..... Membership #</p>
