



APPLICATION FOR MEMBERSHIP

Membership Type:	Annual Fee:	(Please Tick)
Adult	\$40.00	<input type="checkbox"/>
Family	\$40.00	<input type="checkbox"/>
Associate	\$30.00	<input type="checkbox"/>
Pensioner/Concession:	\$30.00	<input type="checkbox"/>
Junior:	\$30.00	<input type="checkbox"/>

DETAILS

Surname: _____ Given Names: _____

Address: _____

_____ Postcode: _____

Telephone: (BH) _____ (AH) _____ Mobile: _____

Email Address: _____

If applying for Family Membership, please list family members residing at the above address:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Vehicle Details

Make	Model	Year	Registration	Comments

Date of Application: _____ **Signature:** _____

Members should realize that all care in organization and the performance of their duties will be taken by the executive committee; however,

- a participant's presence is at his or her own risk
- your personal property is your own responsibility and you may be deemed responsible for any damage you may cause to a third party and/or their property
- the executive committee and members of the CCCT will not accept responsibility for incidents that may occur as a result of a participant's actions
- entrance to organized events is permitted upon you reading, understanding and acceptance of the above information. Acceptance to be indicated by printing your name in FULL and providing your signature above.
- **Please forward completed form together with membership fee to: PO Box 439 Glenorchy 7010**

Please indicate whether you would like your contact details included on a separately published list of member contact details? (available only to club members): Yes No