

JAGUAR CAR CLUB OF TASMANIA INC P.O. Box 131, North Hobart, Tas 7002



NEW MEMBERSHIP APPLICATION

I / We hereby apply for **NEW MEMBERSHIP** of the Jaguar Car Club of Tasmania Inc. and agree to abide by the rules of the club.

NAME			
POSTAL ADDRESS _			
		- POST CODE	
PHONE: (A/H)	(B/H)	
E-MAIL		MOBILE)	
OCCUPATION			
FAMILY NOMINATIO	N		

(*Optional - extra \$15) (Only one family member to be nominated)

CAR INFORMATION: (Details of Jaguars, SS cars or Daimlers (after 1962) owned)

1: Model	Year	Reg'n No.	
Colour	Engine	Transmission	l

2: Model	Year	Reg'n No.	
Colour	Engine	Transmission	

3: Model		Year		Reg'n No.	
Colour		Engine		Transmission	
(Please attach an artra sheet for any additional cars)					

(Please attach an extra sheet for any additional cars)

ANNUAL SUBSCRIPTION RATES – <u>From 1st July</u> (Note: Associate membership is available if no vehicle		ription app	olies.)	
Joining Fee (<i>One time only</i>)	, ,	\$20		
Single Membership – Individual		\$50		
Additional Family member (Optional – only one to be nominated)				
If joining after 1 st January, p	ro-rata rates are as follows:	#20		
Joining Fee (One time only)		\$20 \$25		
Single Membership – Individual	• <i></i> .	\$25 \$10		
Additional Family member (Optional – only one to be	·	\$10		
Total amount payable to Jaguar Car Club of Tasmania Inc: \$				
Signed (Applicant)	Date			
Signed (Family Member)	Date			
	Date	;		
Please send me a receipt for my payment: Please	send me my magazine electronical		olour:	
Please send me a receipt for my payment: Please Please return this completed form, along with your payment to:		lly, in full co	a direct funds	