

GOLDEN OLDIES TRUCK CLUB Inc

APPLICATION FOR MEMBERSHIP / RENEWAL

Name of Applicant:		
TitleGiven NameSurname		
Preferred Nar	me	
Spouse / Pari	tner's name	include on label (yes / no)
Address		
	State	Postcode
		Fax
Mobile	Email	
If admitted as a member name, surname, and members only.	ber I agree to be bound by the Ru home phone numbers will be use	ules of the club. I acknowledge that my preferred ed in the membership list which will be distributed to
I request that the follo (please circle)	wing numbers are NOT distribute	ed to members: home bus mobile fax email
Signature of Applicant: Date:		
MAIL WITH CHEQ	UE OR POSTAL ORDER TO	THE VALUE OF \$50 TO:
The Secretary,		
Golden Oldies Truck Club		
PO Box 1948		
Dubbo NSW 2830		
DIRECT DEPOSIT DETAILS IF REQUIRED:		
BSB: 062 534	ACCOUNT NO: 1037 6700	****Please leave surname as reference****
OFFICIAL USE ONLY		
Application received on	Chq No	Deposit rec'd on
Membership No:	Financial to	Receipt No
Card sent	Cheque Details.	Initials of Secretary