



THE NORTHERN AUTOMOTIVE RESTORATION CLUB (S.A.) INC

## APPLICATION FOR MEMBERSHIP

SURNAME .....

### FULL MEMBERSHIP

PREFERRED FIRST NAME .....

### PENSIONER MEMBERS

Preferred First Name .....

### ASSOCIATE (FAMILY) MEMBERS

Name .....

POSTAL ADDRESS .....

..... POSTCODE .....

Phone ..... Mobile .....

Email address .....

### FEES

FULL MEMBERS	at \$40.00 each	\$ .....
or PENSIONER rate	at \$30.00 each	\$ .....
Associate (family) member	at \$20.00 each	\$ .....

TOTAL \$ .....

**If you require your receipt please include a stamped addressed envelope or collect at a meeting.**

Bank details ..... Northern Automotive Restoration Club, ANZ, BSB 015-552. Account, 4142-39425.

Please make cheques payable to NARC and forward to ..... The Treasurer, Merv Robinson  
31 Gloucester Road  
Jamestown SA 5491

I have attended two meetings prior to joining

Signed ..... Date .....

**NOMINATED BY** .....

**SECONDED BY** .....

Members wanting Historic Registration must have the vehicle/s inspected by the Club's inspector prior to registering the vehicle/s.

**Information on the register is available to members only.**

## LIST COMPLETE VEHICLES ONLY

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If insufficient space add a separate sheet