

ROLLS-ROYCE OWNERS' CLUB OF AUSTRALIA
 (NEW SOUTH WALES BRANCH) INCORPORATED
 GPO Box 2754 Sydney NSW 2001

APPLICATION FOR MEMBERSHIP

Eligibility

An *Ordinary Member* is defined as a natural person owning, or being the custodian of an eligible motorcar, that being a *Rolls-Royce or post-1931 Bentley*. Other persons may apply for *Associate Membership*. Ordinary or Associate Applicants may nominate additional persons for *Joint Membership*.

Details of Applicant (Please Print)

Surname:		Title: Dr. Mr. Mrs. Miss. Ms. (circle one)	
Given Name:(for badge)		Membership Type: Ordinary, Associate (circle one)	
Address:			
City:	State:	Postcode:	Country:
Mailing Address (if different from above)			
Business Phone:		Home Phone:	Mobile Phone:
Fax:		Email:	
I do not want my phone numbers published in the Federal Register Chassis Plate <input type="checkbox"/> tick if applicable.			
NOTE: if a previous member of the Club, please give the year you joined:			

Details of Additional Members

Surname:		Title: Dr. Mr. Mrs. Miss. Ms. (circle one)	
Given Name:(for badge)		Additional Members:	

Details of Eligible Motorcar

Make:	Model:	Year:	Rego No:
Chassis No:	Engine No:	Coachwork:	Coachbuilder:
I (we) being eighteen years of age or over apply for membership of the Rolls-Royce Owners' Club of Australia (New South Wales Branch) Inc. and agree to be bound by the rules of the association.			
Signature (s):			Date
Name of proposer:		Signature:	Date:
Name of seconder:		Signature:	Date:

NOTE: Joining Fee: \$25.00 plus Annual Membership Fee \$100.00 = Total \$125.00 PLUS \$10.00 for each additional member. For applications between January and May pay Joining Fee: \$25.00 plus one-half the annual fee i.e \$50.00 = Total \$75.00 PLUS \$10.00 for each additional member.

Payment by Cheque OR Credit Card \$ _____

Please tick one BANKCARD MASTERCARD VISA EXPIRY DATE/.....

(Print number clearly)

Cardholder's Name (as on credit card)

Cardholder's Signature: Date:

(Optional) I have added an additional \$10.00 for Associate Membership in the Sir Henry Royce Foundation Australia

PLEASE RETURN THIS APPLICATION FORM

**To: The Membership Secretary
 PO BOX 35, ST IVES NSW 2075**

Official Use:	Membership No:.....
	Data Entry:.....
	Journals:.....
	Date:.....