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| **APPLICATION FOR FAMILY MEMBERSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL MEMBERSHIP (Voting rights [Adult members, general meetings only], Committee eligibility, CAMS Licence validity, Newsletter) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSOCIATE MEMBERSHIP (Newsletter) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We. | | |  | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | Full Name of Applicants | | |
|  | | | Adult 1 | | | | | | | | | | | | | | | | | Adult 2 | | | | | | | | | | | | | | | | | | |
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|  | | | Child 1 | | | | | | | | | | | | | | | | | Child 2 | | | | | | | | | | | | | | | | | | |  | | |
| Of:. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Address & Postcode) | | | | | | |
| Home Ph: | | | |  | | | | | | | | | | | | | Mob Ph: | | | |  | | | | | | | | | | | | | |  | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Please print clearly (do not use if you don't want to receive club emails) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Wish to become Members  Associate Members  of the AHRG. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the event of our admission, we agree to be bound by the Rules of the Australian Historic Rally Group Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ……………………………………………………………. | | | | | | | | | | | | | | | | | | |  | | | | | | | / / | | | | | | | | |  | | | | | | |
| (Signature of applicant) | | | | | | | | | | | | | | | | | | | (Date) | | | | | | | | | | | | | | | | | | | | | | |
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| Direct Deposit details: | | | | | | | | | **BSB: 182-222** | | | | | | | | | | | | | | Family Membership: $70 | | | | | | | | | | | | | | | EFT | | | |
|  | | | | | | | | | **Account Number: 120660865** | | | | | | | | | | | | | | \*Membership includes $15 joining fee\* | | | | | | | | | | | | | | | Cheque | | | |
| Please email receipt of transfer to**:** | | | | | | | | | **membership.ahrg@gmail.com** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Cash | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Cheques Made Payable to: | | | | | | | | **THE AUSTRALIAN HISTORIC RALLY GROUP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| M/sport Licence No: | | | | | | |  | | | |  |  | | | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | | |
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| Competition Class: | | | | | | |  | | | |  |  | | | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | | |
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| Official Level: | | | | | | |  | | | |  |  | | | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | | |
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|  | | | | | | | Adult 1 | | | |  | Adult 2 | | | | | | | | | |  | | Child 1 | | | | | | | | |  | Child 2 | | | | | | | |
| Do you have a vehicle(s) with Historic Rego? Yes  No | | | | | | | | | | | | | | | | | | | | | Facilitated by AHRG? Yes  No  N/A | | | | | | | | | | | | | | | | | | | | |
| Details(s) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Year | | | |  | Make | | | | | | |  | | | Model | | | | | | | | | | | | | |  | Capacity | | | | |  | Rego | | | |  |
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| Newsletter, indicate preference: | | | | | | | | | | Hardcopy | | | |  | | | Email | | | | | | | | | |  | | Tick your preference | | | | | | | | | | |  | |
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| Nominator: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| I, | | | |  | | | | | | | | | | | a member of the AHRG, Nominate the applicant, who is personally known to me, for membership of the AHRG | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ……………………………………. | | | | | | | | | | | (Signature) | | | | | | | | | | Date: | | | | | | | / / | | | | | | | | | |
| Seconder: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, | | | |  | | | | | | | | | | | a member of the AHRG, Nominate the applicant, who is personally known to me, for membership of the AHRG | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | ……………………………………. | | | | | | | | | | | (Signature) | | | | | | | | | | Date: | | | | | | | / / | | | | | | | | | |
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