

TOWNSVILLE CITY AUTOSPORTS CLUB Inc.

PO Box 7697, Garbutt Qld 4814

www.tcac.net.au

ABN: 16 507 002 943

FAMILY MEMBERSHIP Form

Please Print

Fill In All Relevant Information

Current Member No.
If applicable

Please fill in one form per person who are to be included in your family membership application

I, the undersigned hereby apply to become a member of the above-mentioned association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Name:.....

Address:.....

Postal Address:.....

.....

Phone: Hm.....Wk.....Mob.....Fax.....

Email:

Occupation:DOB.....

Emergency Contact Name.....Mob.....

CAMS Lic No:.....Level:.....Expiry Date:.....

CAMS Official Lic No:..... Expiry Date:.....

Official Categories / Grades Held:.....

First Aid Certificate Held:.....

Competition Car Make:..... Model:..... Year:..... Capacity:.....

Signature of family member: Date / /20

Office use only

Family Membership Name	Social <input type="checkbox"/>	Comp M'ship No <input type="checkbox"/>
1)		
2)		
3)		
4)		
5)		
6)		

Date Paid

Amount Paid
Cheq
Cash
Direct
Person Paying



JOIN A CAR CLUB TODAY!
Townsville City Autosports Club Inc.