

**CASTLEMAINE HISTORIC VEHICLE CLUB INC.** ABN 84 182 961 997



Correspondence to:-  
 CLUB SECRETARY  
 CASTLEMAINE HISTORIC VEHICLE CLUB INC  
 PO BOX 43, CASTLEMAINE VIC 3450

**MEMBERSHIP APPLICATION / RENEWAL**

NAME First name.....Surname.....

PARTNER First name.....Surname.....

ADDRESS.....

.....POSTCODE.....

HOME PHONE.....MOBILE.....

EMAIL.....

**PLEASE INCLUDE ALL DETAILS OF YOUR VEHICLES INCLUDING SPECIAL INTEREST VEHICLES ON FULL REGISTRATION. (IF SPACE IS INSUFFICIENT PLEASE ATTACH ADDITIONAL SHEET.)**

MAKE	MODEL	YEAR	ORIGINAL (O), UNDER RESTORATION (U), or RESTORED (R)	REGISTERED (R), UNREGISTERED (U), or CPS (C)

I enclose a membership fee of \$35.00. NOTE: For new membership applications a joining fee of \$65.00 will apply in addition to the annual membership fee.

I have read and agree to be bound by the Constitution and By-Laws of the Castlemaine Historic Vehicle Club Inc.

Name: ..... Signature..... Date:.....

Name:..... Signature..... Date:.....

**Direct Deposit. BANK: Bendigo Bank BSB: 633- 000 Account Number: 122425002**  
**NAME: CHVC Inc.** If paying by Direct Deposit please use your Surname as the Reference.