



# QLD MINI CAR CLUB INC.

## Metro Membership Form 202

(Annual Payment Due 1 January every year)

Nb. Metro is within 100km radius of the Vintage and Veteran Car Club Rooms



**W**elcome to the Qld Mini Car Club

Monthly General Meetings (MGM) held on the 1<sup>st</sup> Friday of each month at the :

Vintage & Veteran Car Club Clubrooms  
1376 Old Cleveland Road, Carindale, 4152

**Qld Mini Car Club Inc.**  
**Secretary**  
**PO Box 1426**  
**Fortitude Valley QLD 4006**

**Email:** [secretary@mini.asn.au](mailto:secretary@mini.asn.au)

**WWW.MINI.ASN.AU**

Tick one of the following	New Member	Renewal
Family **	\$65 <input type="checkbox"/>	\$60 <input type="checkbox"/>
Single	\$45 <input type="checkbox"/>	\$40 <input type="checkbox"/>

\*\* Family consists of 2 adults and children under the age of 16 living at the same address. Any child over 16 incurs an additional fee of \$10 or they may have a single membership.

If a CAMS License is required there is an additional cost – please contact the Secretary for details.

**Cheque or Money Order:** Payable to QLD Mini Car Club Inc.

**or**  
**Bank Transfer:** **Name:** Queensland Mini Car Club Inc.  
**Reference:** Please use your Surname

**BSB No.:** 638 070

**Account No.:** 9206051

(Please email a copy of your transaction receipt)

**\*\* Please use block letters \*\***

Address:			
Email:		Mobile:	
Home:		# pls tick box to allow your email to be provided to current members	<input type="checkbox"/>
Is it Okay to contact you at work? Yes or No			
	Occupation	Employer	Contact Details
Adult 1 :			*
Adult 2:			*

DETAILS	First Name	Surname	Date of Birth	Membership No.
Adult 1				
Adult 2				
Child 1				
Child 2				
Child 3				
Child 4				

<b>I hereby agree to abide to the RULES AND CONSTITUTION of the QMCC Inc</b>			
Signature of Adult 1		Date	
Signature of Adult 2		Date	
Signature of Secretary		Date	

**Member Nominated by:** .....

(Name of the member in the QMCC)

### CAR DETAILS

Please complete below as it provides details of the types of cars in the club. Nb. If your car has historic registration then this section must be completed.

Registered Vehicle Owner:			
Present Registration No:		Year	
Car type/model:			
Chassis No:			
Engine Number			

## ACTIVITY QUESTIONNAIRE

In order to plan future Club events and activities we ask that you take a little bit of time to complete the following questionnaire. This will help the Committee to plan events for you. \*\* All information is treated as confidential \*\*

Tick or add to the following categories anything you are interested in:					
	Competition:		Social:		Other:
<input type="checkbox"/>	Night run/day run	<input type="checkbox"/>	Run with other clubs	<input type="checkbox"/>	Guided Tour
<input type="checkbox"/>	Hill Climb	<input type="checkbox"/>	Bowling night	<input type="checkbox"/>	Technical Day
<input type="checkbox"/>	Motorkhana	<input type="checkbox"/>	BBQ		
		<input type="checkbox"/>	Day excursion		
		<input type="checkbox"/>	Overnight excursion		
Please enter your main interests in Minis, any suggestions or expectations you have of the Club and what are your reasons for joining this Club below:					
Would you like to assist in organising events or if you can provide an activity/event for the Club, i.e. Social, Competitive, Technical, General etc      Yes/No					
Are you a member of another Club :    Yes/No					
Name of Club:					

<b>Office Use Only:</b>			
Receipt No:		Type of Payment	Cash / Cheque / Money Order
Amount:		Cheque No	
Date:		Bank	

Membership Details:	
<input type="checkbox"/> Membership card <input type="checkbox"/> Sticker <input type="checkbox"/> Constitution <input type="checkbox"/> Membership Recorded	<input type="checkbox"/> Receipt <input type="checkbox"/> Data Entry      /      / Other: