FALCON GT CLUB OF SOUTH AUSTRALIA INC. PO Box 289 Kent Town SA 5071

www.gtclubsa.com.au

New Membership Application OR Existing Member Renewal Form for 2019/20

PERSONAL D	ETAILS (Tick appropriate box)	☐ NEW MEMBER	R
(Single Member)	SURNAME	FIRST NAME	(S)
(Joint Member)	SURNAME	FIRST NAME	(S)
DATE OF BIRTH OCCUPATION			
ADDRESS			
SUBURB/TOWN.			POSTCODE
PHONE AH:	WK:	M	1OB:
FAX:	EMAIL:		
The Falcon GT (Tribute, Replica VEHICLE MAKE/N REG NO:*	Club of SA Inc reserves the right to instand other vehicle owners only require MODEL *	spect genuine GT's for authented to provide general vehicle de	BUILT *
JOINING FEE Applies to all new m MEMBERSHIP I Single	nembers for <i>first year only</i> and previo	\$20 pus members re-applying after	\$ membership lapse.
Joint		\$85	\$
HISTORIC REG	e by 1 st July each year or no later thar ISTRATION	n 30 days after Annual General	Meeting or membership will lapse.
FGTCSA member I		\$75	\$
FGTCSA member of	one year or more (\$20 per vehicle)	\$20 X	\$
	must be current financial members also be current financial members		\$
Direct Deposit to BSB 325185 Account 03227159 Falcon GT Club of SA. Enter your Member Number in description if an existing Member or Surname for New Members. Then mail signed form to address below, or email to secretary@gtclubsa.com.au			
	nes/Money Orders (no cash) payable to appropriate fees to: The Secretary		
INDEMNITY			
I agree to abi	-	Falcon GT Club of South liability, either personal o	Australia Inc. and release the FGTCSA or property.
Signed		Date	Membership No