

Australian Street Machine Federation - Qld Division Inc.



Postal Address:- PO Box 5443 West End, Qld 4101

INDIVIDUAL MEMBERSHIP APPLICATION

Membership required **SINGLE - \$35.00 / FAMILY - \$45.00** (Please Circle)

Are You a previous ASMF Member? **YES / NO** (Please Circle)

If **YES**, Previous membership Number (If Known) _____

SURNAME: _____ **FIRST NAME:** _____

DATE OF BIRTH: _____ **OCCUPATION:** _____

NAME OF OTHER PERSON (If Family Membership) _____

ADDRESS: _____

POSTCODE: _____ **EMAIL:** _____

PHONE No.: _____ **MOBILE No.:** _____

VEHICLE MAKE: _____ **MODEL:** _____

YEAR: _____ **REG. No.:** _____

CAR CLUB: (If applicable) _____

MEMBER OF OTHER AUTO ASSOCIATION? **YES / NO** (Please Circle)

I hereby state that the above is true and factual to the best of my knowledge, I also agree to abide by the rules and objects of the Association.

Signed: _____ Date: _____

OFFICE USE ONLY.

Date Received: _____ Date Joined: _____ Financial To: _____

Amount Received: \$ _____ Receipt No.: _____ Membership Sent: **YES / NO**

Computer File Updated: **YES / NO** _____

FORM UPDATED OCTOBER 2012