



CROOZESADERS INC. MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION (REQUIRED)

Full Name:

Date of birth:

Mobile:

Ph:

Current address:

City:

State:

Post Code:

Email Address:

CLUB VEHICLE INFORMATION (REQUIRED)

Vehicle Type: Car , Motorcycle , Will be purchasing , I'll be applying for club permit scheme , N/A (Please circle)

Make :

Year

Model :

Colour:

Registration Number:

State Registered:

Registration Type:

(If you have more than 1 vehicles, please attach the additional information to this form)

Note: If multiple vehicles are required under our club permit scheme, a one off scrutineers fee of \$20 per vehicle applies.

MEMBER REFERRAL (FULL MEMBERSHIP APPLICATIONS ONLY)

Referring Members Full Name :

MEMBERSHIP TYPES AND FEES (INFORMATION) (\$40 ANNUAL RENEWAL FEES APPLY)

Type	Prerequisites	Fees
Full member (Eligible to apply for club permits - refer to our website)	Prerequisite of a minimum 2 year Associate membership. (Application assessed by committee)	\$40 Joining fee (Includes 1 year membership)
Associate Member (Eligible to apply for club permits - refer to our website)	No Prerequisites (Application assessed by committee)	\$40 Joining fee (Includes 1 year membership)

MEMBERSHIP APPLICATION TYPE (REQUIRED)

Full Member or Associate Member (Please circle)

PAYMENT OF FEES (REQUIRED)

Payment date	Amount Paid	Transaction Reference number
___ / ___ / _____	\$	Ref:

Payments via Direct deposit required **prior** to submitting application form;

Account Name: Croozesaders Inc **BSB:** 013 162 **Account Number:** 3022 98375

Please provide first initial and last name to the transaction description (e.g. for John Smith, enter **JSMITH**)

SIGNATURES (REQUIRED)

Declaration:

I _____ (Full Name) declare that i wish to become a member of CROOZESADERS INC. and support the purposes of the association and confirm i have read and agree to comply with the association rules and constitution (refer to our website croozesaders.com.au or available by request from info@croozesaders.com.au). I subscribe to receiving emails relating to club information.

Signature of applicant:

Date:

Please email completed application forms to membership@croozesaders.com.au