

MEMBERSHIP APPLICATION

Refer to notes for classifications

P.O. Box 2209 KENT TOWN

South Australia 5071

A.B.N. 36 370 887 701

(Not registered for G.S.T.)



Porsche Club

South Australia

PLEASE Print Clearly

www.pcsa.asn.au

Is this an application for New Membership **N** or a Renewal **R** Member number (____)

NAME: _____ Age: ____ CAMS Licence No. _____

ADDRESS: _____ Post Code: _____

POSTAL ADDRESS: _____ Post Code: _____

PHONE: Mobile: _____ Home: _____

Work: _____ Fax: _____

EMAIL: _____

Annual Fee - Full Member \$130.00 \$. . .

Annual Fee - Family Member - Full \$130.00 \$. . .

Annual Fee - Family Member - Competition \$ 60.00 \$. . .

Annual Fee - Family Member - Non - Competition \$ 30.00 \$. . .

Annual Fee - Associate Member - Non-Porsche \$ 60.00 \$. . .

Method of Payment: CASH CHEQUE CREDIT CARD TOTAL \$. . .

If application is for Family membership please supply name of Full member

I apply for membership of the Porsche Club of South Australia Inc. and agree to abide by the Constitution. (refer website) Signed: _____ Date: _____

My current Porsche is: Model _____ Year _____

Colour _____ Reg. No. _____

Activities of main interest are:(Please tick)

Magazine Observation Runs Motorkhana

Social Events Driver Training

Concourse Sprints Other _____

Partner's Name: _____

Childrens Name: _____ Age: ____ Name: _____ Age: ____ Name: _____ Age: ____

Please advise Membership Secretary of changes to your details e.g. postal address, email address or phone number. Send to PCSA P.O.Box or email to als@gcrk.com

CREDIT CARD PAYMENT AUTHORITY (Visa and Mastercard only)

Card No. _____ Credit Expiry Date __ / __

Card Holders Name _____

Authorized Amount \$ _____ Signed: _____ Date: _____