



# Owners Club of Australia

## Queensland Division Incorporated

### APPLICATION FOR MEMBERSHIP

Membership number

Please send completed form to PO Box 6190, Fairfield Gardens LPO, Fairfield, Queensland, 4103, Australia | email: membership@arocaqld.com

	Last Name	First Name	Preferred Name*	Gender	D.O.B.
Your Name:	_____	_____	_____	M F	/ /
Partner's Name:	_____	_____	_____	M F	/ /
Child's Name:	_____	_____	_____	M F	/ /
Child's Name:	_____	_____	_____	M F	/ /

A child must be under 18 years old at time of application

\*Preferred Name is used for membership database and magazine mailing label use

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Phone is:  Business/Work  Personal/Home

Your eMail: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ (Optional) Partner's Occupation: \_\_\_\_\_ (Optional)

Please provide summary details of the Alfa Romeos you own. If insufficient space below, attach an additional note. Members are encouraged to submit and maintain full details of their vehicles on the Club's online vehicle register: [www.arocaqld.com/register](http://www.arocaqld.com/register).


SERIES (e.g. 105 Series)	YEAR (e.g. 1972)	MODEL (e.g. Spider Veloce)	COLOUR (e.g. Red)	ENGINE CAPACITY (e.g. 2000cc)	REGO (e.g. 08 LEG)

Contact between Club members: (a) I understand that my name and phone number may be made available to other Club members to encourage and enable discussion on vehicle types, maintenance, restoration and all things relating to our common interest in the marque and (b) I understand I may receive emails from the Club regarding Club events and important notifications.

If you **do not agree** to this, please indicate with a "x" in the box  (Please refer to the Club website for our full Privacy Policy)

<b>Fees: (as of July 2016)</b>	<b>Amount</b>	<b>AROCA Membership year is from 1st July to 30th June each year.</b>
Join in July/Aug/Sept	\$70.00	Our Pro-rata membership fees allow members to join throughout the
Join in Oct/Nov/Dec	\$52.50	year and all Renewals fall due on our common due date of 1st July.
Join in Jan/Feb/Mar	\$35.00	EFT preferred, but cheque or Money Order payments welcome.
Join in April/May/June	\$17.50	<b>Bank of Queensland BSB:124 007 Account No: 90 629 538</b>

If you send your completed membership form by mail, don't forget to include your cheque or money order or a note indicating you have paid by electronic funds transfer (EFT). If scanning and emailing your completed membership form, advise if you have paid by EFT or have mailed cheque or money order. If paying by EFT please include "<surname> Club Fees" in the reference field of your bank's online form so we will be able to identify your payment when it arrives at our bank.

Affiliated with  The Club holds Public Liability Insurance through our affiliation with the Confederation of Australian Motorsports (CAMS). Details of this insurance policy can be found in the CAMS Insurance Program Handbook, available to download from the current insurer's website via the CAMS website: [www.cams.com.au/about/our-services/insurance](http://www.cams.com.au/about/our-services/insurance).

I wish to submit my application for membership of the Alfa Romeo Owners Club of Australia (Queensland Division) Incorporated, and, if accepted, I agree to abide by the Constitution and Rules of the Club.

Signature: \_\_\_\_\_ Date: / /

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Alfa Romeo Owners Club of Australia (Queensland) Incorporated – founded 1975 | ABN 94 612 212 055 | [www.arocaqld.com](http://www.arocaqld.com)

OFFICE USE ONLY			
PAYMENT RECEIVED \$		COMPUTER ENTRY: / /	
RECEIVED BY MEMBERSHIP SECRETARY: / /		FUNDS DEPOSITED: / /	
<input type="checkbox"/> Committee Meeting	<input type="checkbox"/> Club Night	<input type="checkbox"/> by Membership Secretary	<input type="checkbox"/> BOQ Branch: _____
<input type="checkbox"/> e-mail from Secretary	<input type="checkbox"/> Delivered by Secretary	<input type="checkbox"/> EFT/advised by Treasurer	<input type="checkbox"/> Other: _____
CHEQUE	MONEY ORDER	CASH	COMMENTS: _____
Bank: _____	Issue office: _____	Per: _____	
Branch: _____ Chq No: _____	_____	_____	
EFT: _____	No: _____	_____	
MAGAZINES: JUL AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN			
<input type="checkbox"/> WELCOME PACK SENT: / /			