



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: ----- Partner's Occupation: -----
(Optional) (Optional)

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)

Please provide summary details of your Alfa Romeo. If more than one, please 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.

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

Membership Fees: **Print Mag** **email Only** **AROCA Membership year is from 1st July to 30th June each year.**

Join in July/Aug/Sept	\$75.00	\$50.00	Our membership fees accommodate members joining throughout the year. All Renewals fall due on 1st July. A discount applies if you elect to receive the Club magazine by email only (no printed magazine). Payment by EFT is preferred. Bank of Queensland - BSB:124 021 Account No: 90 629 538
Join in Oct/Nov/Dec	\$56.25	\$37.50	
Join in Jan/Feb/Mar	\$37.50	\$25.00	
Join in April/May/June	\$18.75	\$12.50	

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.

→ I want my magazine: both paper (by post) and electronic (by email) OR electronic only (by email) - discount applies

Affiliated with The Club holds Public Liability Insurance through our affiliation with Motorsport Australia. Details of this insurance policy can be found in the Motorsport Australia Insurance Program Handbook, available to download from the current insurer's website via the Motorsport Australia website or directly at <https://sport.ajg.com.au/motorsport-australia/downloads/>

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

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"/> e-mail from Secretary <input type="checkbox"/> Delivered by Secretary <input type="checkbox"/> Other		<input type="checkbox"/> by Membership Secretary <input type="checkbox"/> BOQ Branch: ----- <input type="checkbox"/> EFT/advised by Treasurer <input type="checkbox"/> Other: -----	
CHEQUE Bank: ----- Branch: ----- Chq No: ----- EFT: -----	MONEY ORDER Issue office: ----- No: -----	CASH Per: -----	COMMENTS: ----- MAGAZINES: JUL AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN <input type="checkbox"/> WELCOME PACK SENT: / /