Corvettes Of Melbourne Club Membership

CPS MEMBERSHIP APPLICATION FORM



Single Membership Details:

Surname:		First Name:	Birth Month:	Signature:	Signature:					
Family Membership Details:										
Surna	ame:	First Name:	Signature:							
Surna	ame:	First Name:	Birth Month:	Signature n	ot required					
* Family membership fee covers insurance for two members only. Cover for additional members over the age of 18 who will be driving your vehicle to events, will require an additional \$10 required per person. (ANSMA Insurance premium at cost). Please advise if there are additional members to confirm extra insurance payment amount required. Additional family members over 18 details can be included at end of renewal form.										
Do you give permission for Corvettes of Melbourne to include your name and phone number on our members contact list? YES / NO										
Note: The members list is not shared with marketing companies or shared publicly										
Membership Fees										
$ \overline{\mathbf{A}} $	Joining Fee (1 Time Fee)			\$20.00	\$20.00					
	Annual Single Membership: Including access to an electronic copy of the monthly club magazine, 'The Gazette'. \$80.00									
	Annual Family Membership: Including access to an electronic	nnual Family Membership: acluding access to an electronic copy of the monthly club magazine, 'The Gazette'. \$100								
	MEMBERSHIP OPTIONS									
		nnual Subscription 'The Gazette' hardcopy: ot-In subscription to receive a printed copy of the monthly club magazine mailed to your address, \$50.00								
	Additional Member Name Tag(s) Your initial Joining Fee includes personalised name tags to each single member and two family members. Additional name tags are available for \$10.00 per tag. (See Over) Addn. Tags @ \$10.00 ea									
	CPS Scheme Initial Application Fee: To avoid a situation whereby a CPS permit holder may receive a Log Book renewal by the club whilst being behind in membership renewal (and therefore breaching the VicRoads un-financial member condition), this fee, equal to one year membership in advance, is paid on application to the CPS scheme and returned in whole, or pro-rata, at the cessation of your CPS period. The 'CPS Year In Advance' payment policy. \$80.00 Single OR \$100.00 Family									
	Annual Club Permit Scheme I		tisisata is the ODC sahawa through CoM	\$30.00						
_	Club Permit Scheme is available the to the club at CPS@corvettesofme	nrough Corvettes of Melbourne to lbourne.com . Members applying ate Scheme Policy and abide by a	authorised vehicles. Enquiries can be made di for the Corvettes of Melbourne Club Plate Sc Ill conditions as listed. Note fees are applicable cy.	heme						
	 Outstanding renewals a the affected men where a CPS Pe 	ber – 31 August. onable efforts to remind overdue r at 30 November will be deemed E. nber will be formally notified by the	members to renew the membership. XPRIRED and subsequently cancelled; e club confirming the expiry of the membership a cial membership at 30 November, the club will a ciated vehicle.							
		т	otal Joining Fee (includi	ng options)						

Please complete details on the BACK of form

CPS MEMBERSHIP APPLICATION FORM



Home Address

Number and Street:									Post Code:			
Suburb:										State:		
Home Phone:			Mobile #:		Email:							
Postal Address (magazine and correspondence)												
Number & Street (/ PO BOX): Post Code:												
Suburb:										State:		
Corvette Details:												
Year Model					Engine			Auto / Manual		ıal	Registration No.	
Photos of v	our carle m	nav ha usar	hy CoM for a	orom	notional nurnoses	and/c	or on t	ha cluh's v	vahsita (or magaz	ine	
Photos of your car/s may be used by CoM for promotional purposes and/or on the club's website or magazine. Please Note: These may include photos supplied by the car owner or photos taken at events by others.												
Additional Family Membership Details:												
Surname:		First Name:		В	Birth Month:		Insurance Req'd		d		Name Tag	
Surname:		First Name:		В	Birth Month:		Insurance Req'd		d		Name Tag	
Surname:		First Name:		В	Birth Month:		Insurance Req'd		d		Name Tag	
Surname:		First Name:		В	Birth Month:		Insurance Req'd			Name Tag		
				<u> </u>							-	
I agree to	abide by t	he terms a	and condition	ns of	f the Corvettes	of Mel	bourr	ne Inc.				
Signed: Date:												
Name:												
Payment Methods Accepted: Cash Please return application form and payment to Corvettes of Melbourn											of Melbourne	
	Post Money		_								Camberwell No	PO Box 8052 rth, Vic, 3124
EFT Payment – National Australia Bank BSB No: 083-323 Acc No: 60-885-2877 Please be sure to reference your NAME on the EFT payment and												
ADVISE BY EMAIL to treasurer@corvettesofmelbourne.com that the payment has been made.												
Club Use Only Date Received: \$Amount Received:			eceived:	Receipt Number:								
		Drones - d D	,	Cast			lembership Accepted:					
Committee Me	eung Date:	Proposed By	<i>'</i> :	Seco	nded By:		Yes	/ No				