



*Owners' Club
of Australia*
New South Wales

Membership Application & Renewal Form

	Surname	First Name	Sex	
Member: 18 yrs & older			M / F	Email: Year of Birth:
Spouse or partner of Member			M / F	Email: Year of Birth::
Junior Member: Child of member, spouse or partner under 18 yrs			M / F	Date of Birth:
			M / F	Date of Birth:
Intermediate Member: Child of member, spouse or partner 18 to 21 yrs and full time dependent student			M / F	Date of Birth:
			M / F	Date of Birth:
			M / F	Date of Birth:

MEMBER DETAILS

If renewal show Member Number: _____

Address : _____

Postcode : _____

Telephone: Home: (____) _____ Work: (____) _____
 Mobile _____

Occupation: Member: _____ Spouse/ Partner: _____

Introduced _____ Member No: _____

Which club activities interest you the most? _____
 (Continue over leaf if necessary)

The Club maintains a Register for each Alfa model to assist owners with restoration and parts. Please provide details of each Alfa you own. Attach a list if necessary.

Model :	Model :
Colour : Year :	Colour : Year :
Rego No : Engine Cap :	Rego No : Engine Cap :
Engine No :	Engine No :
Chassis No :	Chassis No :

NB : All information supplied remains confidential and is not used for commercial purposes.

TAX INVOICE Please send completed form, with **Cheque** payable to AROCA NSW or with **Credit Card** details, to:
 AROCA NSW, P.O. Box R23 Royal Exchange, Sydney 1225 OR BY **Direct Debit** to account details shown at bottom of form

All amounts include GST	New Member includes Joining fee	Renewing Member	Payment Due
Single / Family Fee	\$99.00	\$88.00	
Junior or Intermediate	Nil	Nil	Nil
Subsidised Club Polo Shirt Indicate size Men: M, L, XL, 2XL, 3XL) Women: 12 to 18	Includes postage		
Member Size:	\$28.00	\$28.00	
Member's spouse/partner Size:	\$28.00	\$28.00	
TOTAL payment due			\$

I wish to submit my application for membership of the Alfa Romeo Owners' Club of Australia - NSW (Inc.), and if accepted, I agree to abide by the rules of the Club.

Applicant Signature : _____ Date: ____ / ____ / ____

PAYMENT BY CHEQUE

PAYMENT BY CREDIT CARD: Credit Card Type: Visa Mastercard

Credit Card Number : _____ Expiry Date: ____ / ____

Card holder name: _____ Card Holder Signature: _____

DIRECT DEBIT PAYMENT to: BSB: 062 203 Account: 0090 1342 Reference: Please quote your surname