

# MEMBERSHIP APPLICATION FORM

Date:

## Vehicle Information (Please list all MX5s)

Registration	<input type="text"/>
Year/ Model e.g. SP, SE, LE	<input type="text"/>
Colour	<input type="text"/>

## Tick Activities of Interest

<input type="radio"/>	Day Drives
<input type="radio"/>	Weekends Away
<input type="radio"/>	Social Events
<input type="radio"/>	Driver Training
<input type="radio"/>	Motor Sport
<input type="radio"/>	Motorkhanas
<input type="radio"/>	Navigation Runs

## Personal Information

Applicant First Name	<input type="text"/>
Applicant Surname	<input type="text"/>
Birthday (Optional)	<input type="text"/>
2nd Applicant (only required for joint M'ship)	<input type="text"/>
Birthday (Optional)	<input type="text"/>
Street Address	<input type="text"/>
Suburb / Town	<input type="text"/>
Post Code	<input type="text"/>
Home Phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Please note, while birthday is optional, it would be appreciated if you could fill in at least Day & Month.

Names, locations & car details for New Members are published in each edition of the Rag-Top Review. If you don't wish to have your location published, please indicate here.

## Payment Details

From the table below, **please circle the type of membership** (family, single etc.) you require and then select the applicable fee.

**Please note that these fees include a once-off joining fee.**

Joining Date	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun
Family or Joint	\$100	\$80	\$65	\$110
Single or Associate	\$80	\$65	\$50	\$90

Please attach your cheque, money order, EFT receipt or cash deposit receipt and return to:

**MX-5 Club Membership**  
PO Box 204, Spring Hill Qld 4004  
Or [memsecmx5@miata.net.au](mailto:memsecmx5@miata.net.au)

**Bank:** Commonwealth  
**BSB:** 064 000  
**Account No:** 10002256  
**Account Name:** Mazda MX-5 Club of Qld Inc.  
**Please use "NEW" & surname as reference**

The public liability insurance cover of The Mazda MX-5 Club of Qld Inc. is limited to \$100,000,000. This information is provided in accordance with the Associations Incorporation Act 1981.

## Membership Secretary Use Only - (APPLICANT - Please fill in preferred name for Name Badge)

Date Received:	EFT	Badge 1 – First Name:	Badge 2 – First Name:
Date Entered:	Bank & Cheque #		
Membership Number:	Ordered:	Supplied:	