



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION		
Name:		
CAMS Licence Number:	CAMS Licence Level:	
Current Address:		
City:	State:	Post Code:
Phone:	Email:	
Emergency Contact:	Phone:	

VEHICLE DETAILS	
CAMS Log Book Number:	Year Built:
Vehicle Owners Name:	
Vehicle Owners Phone:	

MEMBERSHIP LEVEL	
New or Renewal of Membership:	Current Membership Number:
Full Membership: YES NO	Social Membership: YES NO
Full Membership: \$60.00	Social Membership: \$ 20.00

PAYMENT METHOD
DIRECT DEPOSIT
Account Name: Series X3 QLD Inc.
Account Number: 382-647-917
BSB: 014-524
Note: Please include "Your Name" as a reference e.g. Smith Member Pay
Email: Payment Remittance Advice and Membership Application Form to: secretaryseriesx3qld@gmail.com

SIGNATURES & AGREEMENT	
In applying for Membership of Series X3 QLD Inc:	
<input type="checkbox"/> I agree to be bound by the rules and regulations of Series X3 QLD Incorporated as set out in the constitution and by-laws. <input type="checkbox"/> I acknowledge that a copy of the constitution is available from the secretary or www.seriesx3qld.com.au <input type="checkbox"/> I acknowledge that I have read, understood and agree to strictly abide by the Series X3 QLD Incorporated Code of Conduct <input type="checkbox"/> Parent/Guardian signature is required if applicant is under 18 years of age	
Applicant Name:	Applicant Signature:
Parent/Guardian Name:	Parent/Guardian Signature:
OFFICE USE ONLY	
Payment Receipt Confirmation Date:	Membership Acceptance/Rejection Date:
Membership Number Allocated:	Membership Card Dispatch Date: