



APPLICATION FORM



Annual Fee \$90 -Joining Fee \$10

Owners Details

Owners Name		Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Partners Name		Date of Birth			
Children's Name		Date of Birth			
Children's Name		Date of Birth			
Children's Name		Date of Birth			
Address No. & St		Suburb	State	Postcode	
Phone (Home)	Phone (Business)	Mobile	Fax		
Email		Occupation			
Do you give permission for your details to be given to other club members? Please Tick <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>					

Vehicles Details

Vehicle Type	Year	Engine No.			
Vin No.		Body No. (HDT Only)			
Registration No.	HDT/HSV Build number			Colour	
Previous Owner		Date Purchased			

Who did you find out about the club from? (Please Tick)

Website:	HSV Dealer:	Member:	Other:
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PAYMENT DETAILS:

Your application together with your payment can be mailed to.

HSV Owners Club of Victoria (Incorporating HDT) Inc. P.O Box 8158 Carrum Downs Victoria 3201

Please make your cheque or money order payable to HSV OWNERS CLUB VIC.

You may fax your application with your credit card details to (03)9775 8553.

Or please charge my (Please Tick)	MASTERCARD <input type="checkbox"/>	VISA CARD <input type="checkbox"/>
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CARD DETAILS

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Expiry Date:												
Verification number												
Last 3 numbers on the back of the card												
Signature:												

OFFICE USE ONLY

Paid
Date
Member Number
Card Sent