



Application Form Annual Fee \$100 -Joining Fee \$10

OWNERS DETAILS						
			Date of Birth	Male	Female	
Name:						
Partners Name:						
Children's Name:						
Children's Name:						
Children's Name:						
Address: (No. & Street)				Suburb:	State:	Postcode:
Phone: (home)		Phone: (Business)		Mobile:		Fax:
Email Address:				Occupation of Owner:		
Do you give permission for your details to be given to other club members? (Please Tick) Yes No						

VEHICLE DETAILS			
Vehicle Type:		Year:	Engine No:
Vin No:		Body No. (HDT ONLY)	
Registration No:	HDT/HSV Build No:		Colour:
Previous Owner:		Date Purchased:	

Who did you find out about the club from? (Please Tick)			
Website:	HSV Dealer:	Member:	Other:

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 you can email your application with your credit card details to membership@hsvownersclub.com.au			
please charge my (Please Tick)	MASTERCARD	VISA CARD	

CARD DETAILS															

Expiry Date:								
Verification number								
Last 3 numbers on the back of the card								
Signature:								
If you have more than one HSV or HDT Vehicle and would like it added to your membership details, please contact the membership officer.								

OFFICE USE ONLY	
Paid	
Date	
Member Number	
Card Sent	