



APPLICATION FORM



Annual Fee: \$90.00 – Joining Fee \$10.00

Membership Officer: Simone Green

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. & 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 <input type="checkbox"/>	NO <input type="checkbox"/>

VEHICLE DETAILS

▶ Vehicle Type	▶ Year	▶ Engine No.
▶ Vin No.	▶ Body No. (HDT ONLY)	
▶ Registration No.	▶ HDT/HSV Build No.	▶ Colour
▶ Previous owner	▶ Date Purchased	

PAYMENT DETAILS

Who did you find out about the club from? (please tick ✓)

WEBSITE: HSV Car Dealer: Member: Other:

Your application together with your payment can be mailed to

HSV Owners Club of Victoria (Incorporating HDT) Inc. PO Box 519 Braeside, VIC 3195

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) 9580 6612

Or please charge my MASTER CARD VISA CARD

Verification number (last 3 numbers on back of card)

Card number

▶ Name on card _____

▶ Expiry Date _____ Signature _____

OFFICE USE ONLY

Paid \$ _____

Date _____

Member No. _____

Card Sent _____

Paid To _____