



Affiliated Club

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 1 DETAILS				
Vehicle Type:		Year:	Engine No:	
Vin No:		Body No. (HDT ONLY)		
Registration No:	HDT/HSV Build No:		Colour:	
Previous Owner:		Date Purchased:		
VEHICLE 2 DETAILS				
Vehicle Type:		Year:	Engine No:	
Vin No:		Body No. (HDT ONLY)		
Registration No:	HDT/HSV Build No:		Colour:	
Previous Owner:		Date Purchased:		
VEHICLE 3 DETAILS				
Vehicle Type:		Year:	Engine No:	
Vin No:		Body No. (HDT ONLY)		
Registration No:	HDT/HSV Build No:		Colour:	
Previous Owner:		Date Purchased:		

VEHICLE 4 DETAILS			
Vehicle Type:		Year:	Engine No:
Vin No:		Body No. (HDT ONLY)	
Registration No:	HDT/HSV Build No:	Colour:	
Previous Owner:		Date Purchased:	
VEHICLE 5 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 sent 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.			
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

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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

EFT Payment:
 Direct Deposit into the Membership bank account
 BSB 083-004
 Account No. 302625372
 Using Reference – Name + Surname

By submitting this application for membership, you agree to be bound by the Rules of the Association as outlined in the CONSTITUTION OF HSV OWNERS CLUB OF VICTORIA (INCORPORATING HDT) INC.