Membership Form – New Member **Rates as at - March 2009**

Select Month of Joining

Send to:

The Membership Secretary
Citroën Car Club of Vic. Inc
PO Box 751
Frankston VIC 3199

Joining Month[1]	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec[2]
Metro/Single[3]	$50	$50	$45	$40	$35	$30	$25	$20	$15	$10	$50
Metro/Family[3]	$55	$55	$45	$40	$35	$30	$25	$20	$15	$10	$50
Country/Single	$45	$45	$45	$40	$35	$30	$25	$20	$15	$10	$50
Country/Family	$50	$50	$45	$40	$35	$30	$25	$20	$15	$10	$50

[1] Renewals are due on the 28th February each year
[2] When joining after 1st December, Membership will carry over giving up to 15 months membership.
[3] Metropolitan Area is designated as the area covered by the Metropolitan and Outer Suburban Taxi Zones as defined in the Melway Road Map.

Please A **NO** following Name, Address and Telephone on the next line is advice **NOT** to publish that information in Club Magazine. **PUBLISH – Name - Address - Telephone No - Receipt No** _____-____

ID:	**Surname**:	**First Name:**
Mailing Address		**Phone**: **Work Phone**: **Mobile**:
Occupation:		**E-mail**:
Other interests/hobbies:		

Second Member: (Family Membership)

ID:	**Surname**:	**First Name:**
		Work Phone: **Mobile**:
Occupation:		**E-mail:**
Other interests/hobbies:		

Citroën Ownership (Please list them all. **Note**: CH plate registration MUST be given)

Member ID	Year	Model	Specifications	Road Registered Yes/No	Reg No. *CH plate number* **must** *be given*

Direct Credit Payment to **CCCV Inc.** Bendigo Bank account
State your **NAME and Membership ID** as reference.

Receipt No _____-____
BSB No. 633-000 Account No. 120127907

OR · Cheque made payable to **CCCV Inc.** (You may post cash at your own risk)

OR · MasterCard / VISA (Circle One)

Card Number ☐☐☐☐–☐☐☐☐–☐☐☐☐–☐☐☐☐ **Expiry Date** ☐☐/☐☐

Amount $_____ **Signature** _____

If you would like to help the club in some of this year's activity, please write below or on a separate page how you are able to help