

**Council of ACT Motor Clubs Inc.** 

PO Box 505 Woden ACT 2606

ABN 42 983 861 389

## **CLUB AFFILIATION FORM**

Club name (short):		Club #:	Incorporation ID:
Club name (full):			
Postal address:			
email:			
web site: http[s]://www			
President's name:			Phone:
President's email:			
Delegate (#1) name:			Phone:
Delegate (#1) email:			
			Phone:
Delegate (#2) email:			
Club Registrar's name:			Phone:
Club Registrar's email:			
Number of Members:	ACT:N	ISW: 0	ther: Total:
Tick this box if the Clu	ıb is also affiliated with	the Australian Con	federation of Motor Clubs (ACMC)
Affiliation Fee of \$	was paid on /	/ 20 Bank refere	ence:
(A donation of \$	has been included	for the <b>CACTMC C</b>	arbon Offset Project.)
Signed:	Po	sition:	Date:
email the completed form to: Secretary@CACTMC.org.au			
Web: <u>w</u>	<u>ww.CACTMC.org.au</u>	email: <u>info@C/</u>	ACTMC.org.au