



COUNCIL OF ACT MOTOR CLUBS INCORPORATED

ANNUAL AFFILIATION RETURN

Club's short name (or acronym): _____ Club #: _____

Club's full name: _____

Club's address: _____

Club's email: _____

Club's web site: https://www. _____

President's name: _____

Secretary's name: _____

Club Registrar's name: _____

#1 Delegate's name: _____

Phone: _____ email: _____

#2 Delegate's name: _____

Phone: _____ email: _____

Financial Members (number) ACT: _____ NSW: _____ Other: _____ Total: _____

Signed: _____ Position: _____ Date: _____

The forms listed below MUST ALL be received by the **CACTMC Secretary** by **30 JUNE**:

- Annual Affiliation Return** (this form) (= > CACTMC Secretary)
- Invoice for Annual CACTMC Affiliation Fees** (= > CACTMC Treasurer)
- Affiliation Fee of \$ _____ paid by Cash : Cheque : EFT (bank transfer)
- List of the Club's Endorsed Vehicles** (= > CACTMC Registrar)
- List of the Club's Authorised CRS Signatories** (= > RTA)

Mail to: **The Secretary, CACTMC, PO Box 963, Dickson, ACT 2602**
Or deliver to the Secretary at a CACTMC General Meeting no later than **June**.



Council of ACT Motor Clubs
PO Box 963, Dickson, ACT 2602
www.actmotorclubs.org.au

Invoice for Annual CACTMC Affiliation Fees

The Council of ACT Motor Clubs' annual Affiliation Fee is due by 30th June each year. The amount due is dependent on the number of members belonging to the club according to the following schedule:

Number of Members	Annual Fee	Tick one
1 to 49	\$40	<input type="checkbox"/>
50 to 149	\$75	<input type="checkbox"/>
150 or more	\$200	<input type="checkbox"/>

Complete and sign the declaration below and return, by **30th June**.

Declaration of Club Membership

I, _____ being the _____
Name Position in club

of the _____
Name of club or association

hereby declare that the number of financial members in the club is: _____

Signed: _____ Date: _____

Payment Method (tick one)

Cheque (Attach cheque made payable to "Council of ACT Motor Clubs inc.")

Electronic Fund Transfer:

Account Name: Council of ACT Motor Clubs Inc

BSB: 062-920

Account number: 1006 3897

Bank Reference: (use Club Number & Club Short Name).

IMPORTANT NOTE for clubs using the Concessional Registration Scheme (CRS)

The ACT Concessional Registration Scheme (CRS) is jointly managed by the Council and the ACT Road Traffic Authority. Motoring clubs or organisations must be affiliated with Council to be eligible to participate in the CRS.

Affiliation with Council requires the club or organisation to remain "financial" by paying the annual CACTMC Affiliation Fee by the required date.

Failure by a club or organisation to pay the annual CACTMC Affiliation Fee by the due date, renders all of the club's members' vehicles ineligible for use under the ACT's Concessional Registration Scheme.

Club List of (ACT & NSW) Endorsed Vehicles as at: _ / _ /20 __

CLUB NAME: _____ **Club #:** _____

PLATE ID	MAKE	YEAR	MODEL	COLOUR

Duplicate this page if there are insufficient rows to report all club vehicles.

Clubs can email the CRS data on this form to: **registrar@CACTMC.org.au**



Road Transport Authority
PO Box 582
Dickson ACT 2602
Telephone: 13 22 81

Secretary CACTMC
PO Box 963
DICKSON ACT 2602



Concessional Registration Scheme Authorised Club Signatories

Club Details

The nominated club must be affiliated with the Council of ACT Motor Clubs Inc.

Club Name	<input type="text"/>		
Club Number	<input type="text"/>	Name of Club Registrar	<input type="text"/>
Full address	<input type="text"/>		
Mailing address	<input type="text"/>		
Telephone number	<input type="text"/>	email address	<input type="text"/>

Signatories

Subject to the conditions shown at the bottom of this form permission is given to:

	Name of Club Compliance Officer / Authorised representative	Signature
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

The above signatories are authorised to sign on behalf of the above Council of ACT Motor Clubs affiliated Car Club for RTA purposes.

Signature of Club Registrar

Date

When completed, this form should be mailed to:

The Secretary CACTMC
PO Box 963
DICKSON ACT 2602

CACTMC CRS Stamp

Effective 1 September 2014