



MEMBERSHIP APPLICATION

clubMINI NSW Inc - PO Box 345, Kellyville NSW 2155

Date / /

Member 1

First Name _____ Last Name _____
Date of Birth _____ Email _____

Member 2 [Joint Memberships Only]

First Name _____ Last Name _____
Date of Birth _____ Email _____

Address _____

Suburb _____ State _____ Postcode _____

Home Ph _____ Work Ph _____

Mobile Ph _____

Your MINI [If you own 2 MINIs, please provide details for both]

Model MINI Cooper Cabrio
MINI Cooper S John Cooper Works [JCW]

Year _____ Body Colour _____

Registration _____ Roof Colour _____

Membership Rates

| <u>Joining Fee</u> | <u>All Memberships / Once Only</u> | <u>\$20</u> |
|--------------------|------------------------------------|-------------|
| | | + |
| Full | Single | \$75 |
| | Joint * | \$105 |
| | Single Country ⁺ | \$50 |
| | Joint Country ⁺⁺ | \$75 |
| Associate # | Single | \$75 |
| | Joint * | \$105 |

Please make cheques / money orders payable to 'clubMINI NSW Inc'
Return completed applications to 'Membership' at the address listed above.

By submitting this form you are applying for membership to clubMINI NSW and agree to abide by its constitution & rules

Signature 1 _____ Signature 2 _____

Memberships run for 12 months from the date of initial application

* Joint Memberships are for 2 individuals residing at the same address

⁺ Country Memberships are for individuals residing over 50km from the Sydney GPO

Associate Memberships are for individuals that do not own a MINI

Associate Members are entitled to all clubMINI Inc member benefits, with the exception of voting rights

| Office Use Only | | | |
|-----------------|--|-------------|--|
| Date Received | | Received By | |
| Membership # | | Receipt # | |