



APPLICATION FORM
ANNUAL FEE \$90 JOINING FEE \$10
Membership Officer : Simone Green

Owners Name:.....Date of birth:.....

Partners Name:.....Date of birth:.....

Children: Name:.....Date of birth:.....

Name:.....Date of birth:.....

Name :.....Date of birth:.....

Address:.....

.....Postcode:.....

Phone No. (Home).....(BH).....(Fax).....

Email:.....Mobile:.....

Do you give permission for your details to be given to other club members? Yes / No.....

Occupation of owner:.....

VEHICLE DETAILS

Vehicle Type:.....Year:.....Engine No:.....

Vin No:.....Body No.(HDT only).....

Registration No:.....HDT/HSV Build No:.....Colour:.....

Previous Owner:.....Date Purchased:.....

Please Circle I found out about the club from:

Website HSV Car-Dealer Member Other

Your application together with your payment can be mailed to
HSV OWNERS CLUB

PO BOX 519 Braeside VIC 3195

Please make your cheque or money order payable to HSV OWNERS CLUB VIC.

You may fax your application with your credit card details to (03) 9580 6612

Please circle: **BANKCARD/ MASTERCARD/ VISA**

CARD NUMBER:...../...../...../.....

Expiry Date:.....Name on Card:.....

OFFICE USE ONLY

Paid:\$Date:Card No:Card sent:Pd To: