



APPLICATION FORM



Annual Fee: \$90.00 – Joining Fee \$10.00

Membership Officer: Simone Green

OWNERS DETAILS

Owners Name Date of Birth Male
 Female

Partners Name Date of Birth

Children's Name: Date of Birth

Children's Name Date of Birth

Children's Name Date of Birth

Address (No. & Street) Suburb State Postcode

Phone (Home) Phone (Business) Mobile Fax

Email Address Occupation of Owner

Do you give permission for your details to be given to other club members? (please tick ✓) YES NO

VEHICLE DETAILS

Vehicle Type Year Engine No.

Vin No. Body No. (HDT ONLY)

Registration No. HDT/HSV Build No. Colour

Previous owner Date Purchased

PAYMENT DETAILS

Who did you find out about the club from? (please tick ✓)
 WEBSITE: HSV Car Dealer: Member: Other:

Your application together with your payment can be mailed to
HSV Owners Club of Victoria (Incorporating HDT) Inc. 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

Or please charge my MASTER CARD VISA CARD

Verification number (last 3 numbers on back of card)

Card number

Name on card

Expiry Date Signature

OFFICE USE ONLY

Paid \$.....

Date

Member No.

Card Sent

Paid To