



HISTORIC COMMERCIAL VEHICLE
ASSOCIATION QUEENSLAND INC.
PO BOX 6323
UPPER MT GRAVATT QLD 4122

WEBSITE: <http://www.hcvaq.com>
FACEBOOK: <https://www.facebook.com/pages/Hcvaq-4557431962709>



MEMBERSHIP APPLICATION

NAME:

PARTNER'S NAME:

ADDRESS:

SUBURB/TOWN:

POSTCODE:

PHONE: HOME

MOBILE

EMAIL

DETAILS OF VEHICLES:

MAKE: MODEL: YEAR:

MAKE: MODEL: YEAR:

MAKE: MODEL: YEAR:

I hereby agree to abide by the Constitution of the HCVAQ Inc.

APPLICANT'S SIGNATURE: _____

PLEASE INDICATE: I wish to keep my personal details private. YES/NO

Please forward this application with your \$80.00(\$30 Joining Fee & \$50 Annual Membership Fee)
HCVAQ Inc.
PO Box 6323
UPPER MT GRAVATT QLD 4122

OFFICE USE ONLY

PROPOSED BYSECONDED BY

MEMBERSHIP NO.....RECEIPT NO.....DATE JOINED.....

INTERIM RECEIPT – PAID BY CASH/CHEQUE – I ACKNOWLEDGE RECEIPT OF PAYMENT ON BEHALF OF THE HISTORIC COMMERCIAL ASSOCIATION OF QUEENSLAND INC.....

MEMBERSHIP IS NOT CONFIRMED UNTIL PASSED AT NEXT COMMITTEE MEETING