



CALIFORNIAN CRUISIN Inc.

The Treasurer
209 Wilkinson Road,
Martinsville
NSW 2265

**MEMBERSHIP
APPLICATION / RENEWAL**

Name _____

Partners Name _____

Address _____ P/C _____

Phone (Home) _____ Mobile _____

Email _____

Do you agree to have your name on the Glove Box club members sheet Yes...../ No...../

Vehicle/s

Make _____ Model _____

Colour _____ Year _____ Rego No. (Full &/or Historic) _____

Additional Vehicles

**CURRENT MEMBERS and NEW MEMBERS
PLEASE COMPLETE AND FORWARD WITH PAYMENT TO**

Direct deposit can be made into the club account

BSB – 637-000
Account No. – 723 211 042

**New Members \$55 for first year | Subsequently an Annual Fee of \$50
Fees due 1st July Annually**

I/We agree to abide by the rules and constitution of Californian Cruisin Inc.

Signature _____ Date _____