



P.O. Box 4335
Shellharbour Village
NSW 2529

APPLICATION FOR MEMBERSHIP

First name: _____ Surname: _____
 Name by which you prefer to be called: _____
 Street: _____ Town/City _____
 State: _____ Postcode: _____ Home Tel: _____ FaxNo: _____
 Email address: _____ Bus.Phone: _____ Mobile No: _____
 Month of Birth: _____

Member Type: *Full Membership/Associate Membership/Junior (delete non-applicable)*

Car Details

Year: _____ Model (Eg. Minx) _____ Body Type (Eg. Sedan) _____
 Body colour: _____ Colour of interior trim: _____
 Chassis No: _____ Engine No: _____ Body No: _____
 Engine Capacity: _____ cc No. of cylinders: _____ Iron or Alloy Head: CI / AL
 Gearbox (Eg. Manual, Overdrive, Auto): _____
 Car Original or Restored: _____
 Original Reg.No. (if known): _____
 Subsequent Registrations: 2. _____ 3. _____ 4. _____ 5. _____
 Any Unusual Features: _____

Do you own another Hillman(s)? (give details): _____

Are you a member of another car Club and do nominate this Club as your

Primary or Secondary Club. **Primary** **Secondary**

Other Clubs:

In making this application for membership of the Hillman Owners Club of Australia Inc, I hereby agree to abide by all rules and regulations of the said club. Further, I understand that should any fees payable by me to the Club fall more than three months in arrears without satisfactory explanation, then the Club may consider my membership as being resigned.

Signature of applicant: _____ Date: _____

Proposed by: _____

Signature: _____

Seconded by: _____

Signature: _____

Fees Paid: \$ _____ Date Paid: _____

Membership No: _____ **Join Date:** _____