

TOWNSVILLE CITY AUTOSPORTS CLUB Inc.

PO Box 7697, Garbutt Qld 4814
<http://www.tcac.com.au>
ABN: 16 507 002 943



FAMILY MEMBERS Form

Please Fill In All Relevant Information

Please fill in one form per person who are to be included in your family membership application

I, the undersigned hereby apply to become a member of the above mentioned association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Name:.....

Address:.....

Postal Address:.....

Phone: Home..... Mobile.....

Email:

CAMS Lic/Official Lic No:.....**Level:**.....**Expiry Date:**.....

First Aid Cert:.....**Categories/Grades:**.....

Signature of applicant: **Date** / /20



President: Greg Wright

Vice President: Geoff Nicol **Treasurer:** Ken Long

Club Captain: Kay Nicol

Secretary: Emma Nicol