

Citroën Car Club of South Africa

PO Box 43, Walkerville, 1876



APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS

SELF:	SURNAME:	TITLE: e.g. Mr, Mrs, Dr.	FIRST NAME:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTNER:	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS:

<input type="text"/>	Code:
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POSTAL ADDRESS:

<input type="text"/>	Code:
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CONTACT DETAILS:

Email Address:	Mobile Number:
Home Phone:	Work Phone:

I am also a member of the following Car Clubs:

BIRTHDAY: Self

BIRTHDAY: Partner

DETAILS OF MY CITROËNS

Model:	Year:	Colour:	Registration:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBERSHIP FEES

Joining Fee:	Annual Subscription:	Partner: (Optional)	Total:
<input type="text" value="R 100,00"/>	<input type="text" value="R 250,00"/>	<input type="text" value="R 50,00"/>	<input type="text" value="R"/>

Payment may be made to:

Nedbank Sandton
Branch Code: 197005
Account No: 1970792914
Reference: New Member [Surname]

I, the undersigned, hereby apply for membership to the Citroën Car Club of SA, and if accepted, agree to abide by the rules and constitution of the Club.

Signature of Applicant:

OFFICE USE ONLY

Approved Yes/No:	Membership Number:	Receipt Number:	Signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>