



MUSTANG OWNERS CLUB OF AUSTRALIA (QUEENSLAND) INC.

ASSOCIATE MEMBERSHIP APPLICATION FORM

Official MOCA QLD Website - www.qld.mustang.org.au

Member Details:

Name: _____ Month of Birth: _____

Spouse / Partner Name: _____ Month of Birth: _____

Residential Address: _____ Home Phone: _____
 _____ Work Phone: _____

Postal Address: _____ Mobile Phone: _____

Email Address: _____

The rights and responsibilities of Associate Members are contained in the club's constitution which can be found on the club website at <https://qld.mustang.org.au> in the documents section. Please take a little time to read the constitution because your application for Associate Membership confirms your acceptance and agreement to abide by those rights and responsibilities!

Badges - Please print your name below, (you may choose first and surname or first name only).

Badge 1: _____ **Badge 2:** _____

Shirts - \$40.00 per shirt Men or Women: Please indicate your size/s below.

Shirt 1: Men's **Size:** _____ Small, Med, Large, etc. **Shirt 2:** Women's **Size:** _____ Example: 10, 12, 14, 16 etc.

Club Cap - \$25 each - Please indicate the number of caps required - **Number:** _____

PAYMENT: (1st July – 30th June) \$120 (\$60 Joining Fee / \$60 - Annual Fee) \$40 x _____ Shirts (**+\$12 Postage**)
 (1st Jan. – 30th June) \$60 Joining Fee (plus \$5.00 per Month Pro-Rata) \$25 x _____ Club Caps (**+\$12 Postage**)

*****Any application for membership received for a 6-month option before January will be held over until January 1st for processing unless the member wishes to pay the full membership fee! *****
 Covers Postage & Packaging

Please find enclosed my payment of \$_____ Money Order/Cheque, or

Please charge my credit card the amount of \$_____

Credit Card Details:

Name on Credit Card: _____ **Type of card:** **MASTERCARD** **VISA**

Credit Card Number: _ _ _ _ _ **Expiry Date:** ___/___ **CCV:** _____

Signature of Cardholder: _____

Electronic Payment: MUSTANG OWNERS CLUB OF AUSTRALIA (QUEENSLAND) INC.

Bank of Queensland BSB: **124 025** Account No: **22490272** Reference: **Your Surname**

**Print, Sign and Post or Email this form with payment / Internet payment details to
 The Secretary, Mustang Owners Club Queensland, PO Box 8390, Woolloongabba, QLD, 4102**

Email: mocaqld.secretary@gmail.com

The provision of information on this form is voluntary and used solely for the purpose of your application for membership to the Mustang Owners Club Qld. Information is not sold or distributed to any source outside of MOCA.

OFFICE USE ONLY - (Sec.) Date Received: ___/___/___ **(Treas.) Receipt No:** _____ **(Mem.Sec.) Processed:** ___/___/___