



MUSTANG OWNERS CLUB OF AUSTRALIA (QUEENSLAND) INC.

NEW MEMBERSHIP APPLICATION FORM

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

Member Details:

Name: _____

Home Phone: _____

Spouse/Partner Name: _____

Work Phone: _____

Residential Address: _____

Mobile: _____

Postal Address: _____

Email : _____

Mustang Details - (If more space is required please attach a separate sheet)

Year	Body Style	LHD/RHD	Model Details	Exterior Colour	Interior Colour	Engine Size	Engine Type	Trans	VIN	Rego	SIVS Rego
1966	Convertible	LHD	GT	Wimbledon White	Red	289	Windsor	C4 Auto	6R03123456	FUN66	No
Example shown above											

Options/Modifications: _____

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

1: _____ **Badge 2:** _____

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

Shirt 1: Mens **Size:** _____ Sml, Med, Large etc. **Shirt 2:** Womens **Size:** _____ Example: 10, 12, 14, 16 etc

Club Cap - \$25 each Please indicate the number of caps required below.

Number: _____

Payment:

☐ (1st July - 30th June) \$120 (\$60 Joining Fee Plus \$60 Membership) ☐ \$40.00 x _____ Shirt/s **(+\$15 postage)**

☐ (1st Jan - 30th June) \$60 Joining Fee Plus \$5.00 per Month Pro-Rata ☐ \$25 x _____ Club Cap/s **(+\$15 postage)**

***Any application for membership received for a 6 month option before January will be held over until January 1st for processing unless the new member wishes to pay the full membership fee *** ☐ To Cover Bag & Postage

☐ \$35 SIV Registration Eligibility Certificate (One Off Fee) - **Conditions apply: Membership of an Incorporated Club must be kept current for eligibility!**

1. 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: ____/____

Signature of Cardholder: _____

CCV: _____

3. 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 MOCA

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