



MEMBERSHIP RENEWAL 2024/25

VICTORIA					
Surname		Membership No.			
Given Name		Partner Post Code			
Address					
Phone A/H		I	Phone B/A		
Email					
CAR DETAILS	Year	Model	Colour	Reg No.	
1.					
2.					
3.					
Life Me		,			
I enclose	e my cheque/mo	ney order for \$			
Please D	ebit my	VISA Mastercard	For \$		
Card :	No.	Expiry Date		Date	
Name of Cardhol	der				
Signature of Cardho	lder				
EFT	Bank:Westpa	e BSB: 033 107 ACC: 183	100 put your membershi	p number in description	
Send payment and M.O.C.A. Vic Inc. PO Box 450 Hawthorn VIC 312: or Email: moca.me	2				
The executive comm refusal of any memb		stang Owners Club Austral cation renewal.	ia Vic Inc. reserves the ri	ght of	
I hereby agree to ab	ide by the club'	s Consitution, Rules and By	Laws.		
Signed			Date		