



JAGUAR DRIVERS CLUB OF SA Inc

Website www.jdcsa.com.au
 PO BOX 6020
 HALIFAX ST
 ADELAIDE SA 5000

Membership Secretary: Daphne Charman – 0404 999 200 or 82484111- [email: membership@jdcsa.com.au](mailto:membership@jdcsa.com.au)

JDCSA MEMBERSHIP APPLICATION FORM

I/we hereby make application to become a member(s) of the Jaguar Drivers Club of South Australia Incorporated, and if accepted, undertake to abide by the rules of the Club.

MEMBER DETAILS	
Member	Adult Family Member (if applicable) - see # below
Full Name:	Full Name:
Preferred name (For your name badge)	Preferred name (For your name badge)
Work telephone no.	Work telephone no.
Mobile telephone no.	Mobile telephone no.
Residential Address	Postcode
Postal Address	Postcode
Home telephone no.	Is this a silent number? Yes / No
<small>(silent numbers are listed as such on membership lists & are only available to committee members/register secretaries)</small>	
email address:	

MEMBERSHIP CATEGORY - PLEASE TICK CATEGORY REQUIRED	
<input type="checkbox"/> Full Membership <input type="checkbox"/> Single Membership \$65.00 annual subscription + once only joining fee of \$35.00 = \$100.00	
<p># Only one additional adult may be nominated as a Family Member and they are entitled to all rights and privileges of Full Membership. <small>(Children under 18 can be included in Family Membership at no extra cost - they are not entitled to vote or hold office)</small></p>	
<u>Child's Name</u>	<u>Date of birth</u>
(1)	(3)
(2)	(4)

Enclosed is payment for membership \$.....

I agree to the information supplied on this form being used on membership and mailing lists accessible only to the administrators of the club and the printer of the club magazine.

Signature(s)..... Date.....

PAYMENT OPTIONS AVAILABLE																			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Expiry Date: Month.....Year..... C.V.V: (3 digit security no. on back of card)																		
Card Number:																			
Signature										Amount authorised \$									
Name on Credit Card -																			

ABN 54747435916 – GST does not apply. The club is not required to register for GST.

PLEASE ADDRESS CORRESPONDENCE TO

THE MEMBERSHIP SECRETARY
 PO BOX 6020 HALIFAX ST
 ADELAIDE SA 5000

PTO

