

## Council of Motor Clubs Inc.

**GPO Box 3954** Sydney NSW 2001 Australia www.councilofmotorclubs.org.au

ANNUAL AFFILIATION RENEWAL FORM - 1st January 2019 to 31st December 2019 For the use of clubs currently affiliated with the CMC only.

Please print all information clearly, particularly email addresses. It is important for Council to maintain accurate, up-to-date information. Therefore, please read the form carefully and do not write "as before" in answer to the questions asked. All information held by the CMC is bound by current privacy regulations.

## PLEASE BE AWARE THAT IF YOUR AFFILIATION REMAINS UNPAID AT 31ST MARCH, 2019 YOUR CLUB'S CMC MEMBERSHIP HAS LAPSED AND THEREFORE YOUR CLUB IS INELIGIBLE TO APPLY FOR THE SHANNONS SYDNEY CLASSIC

rieuse use ille co	implete formal name	of your club without initials.	
Club Name:	Incorporation No		
Postal Address:			
Website (if available):			
Contact Person's Name:	Position:		
Telephone: Home:	Work:	Mobile:	
Contact Person's Email address		Download minutes:	Yes No
	ocument Centre" the		ail address.
<b>CMC Delegates</b> : Please list the <b>details</b>	of <b>two delegates</b> who	will attend CMC general meetings	
Delegate 1 Name:			
Telephone: Home:	Work:	Mobile:	
Delegate 2 Name:			
Email Address:			
Telephone: Home:	Work:	Mobile:	
		cil in dealing with Government, RMS, N AHMF in its dealings at the Federal leve	
Number of members (including associated Approximate number of vehicles cover Number of vehicles on Conditional Regarder angle of vehicles in your Club: 1  The same based on the number of Member of	ered by your Club in Ne gistration (HVS & CVS) 9 to 20 embers in your Club c	ew South Wales: in New South Wales: and are payable by 31st December,	
		201-250=\$150	
CMC Bank Details: A/c Name: Council	of Motor Clubs <b>BSB:</b> 63	3 108 <b>A/c No:</b> 1233 73078 (Bendigo Ba	ink)
Please forward your direct debit receipt with this form to The Secretary, GPO Box 3954, Sydney 2001, or email to <a href="mailto:cmc.nsw.sec@gmail.com">cmc.nsw.sec@gmail.com</a>			
(Council use only) Date ReceivedAmount: Database & mailing address updated:		Cheque No:EFT Rec No:	