



Packard Automobile Club of Australia Inc.

APPLICATION FOR MEMBERSHIP

Remittance to: P.A.C.A., PO BOX 287, RYDE NSW 1680.

FAMILY NAME _____ GIVEN NAMES (1) _____

WIFE / PARTNER'S NAME (2) _____

HOME ADDRESS _____ POST CODE _____

POSTAL ADDRESS _____ POST CODE _____

HOME PHONE _____ WORK PHONE _____ FAX _____

Mobile _____ E-mail _____

BIRTHDAY ANNIVERSARIES: Member (1) Day _____ Month _____ Member (2) Day _____ Month _____

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Membership includes the Club Magazine and Sundry Publications – one Magazine per couple.

I agree to abide by the Constitution and Rules of the P.A.C.A Inc. Date _____ Signed _____

INCLUDE MEMBERSHIP FEE WITH THIS FORM:

\$95 NEW MEMBER (INCLUDES \$15 FIRST TIME JOINING FEE)

Cheque Please make Cheques payable to PACA.

Credit Card

Visa Master Card

CCV or CVC no

Card No.

Name on Card _____

Signature _____ Expiry Date __ __ / __ __

EFT

Bank – **Westpac**; Acc Name - **Packard Automobile Club of Australia**

Acc Number - **711558** ; BSB - **032 002**; Reference – **Your Name**

(Direct cash deposits can also be made over the counter at any Westpac Branch into the PACA account if this is also more convenient) – **include name or date in reference then forward this completed form to address at top.**

For assistance with membership details please contact MICHAEL KEYTE Phone (02) 9622 8445 Mob 0400 302 526

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PLEASE COMPLETE THE DETAILS BELOW TO HELP THE CLUB PUT YOU IN CONTACT WITH PEOPLE WHO HAVE SIMILAR PACKARDS AND ALSO TO MAINTAIN CLUB RECORDS (IF MORE ROOM REQUIRED PLEASE INCLUDE A LIST).

No.	Year	Model	Body Type	Colour	Engine No.	Chassis No.
1						
2						
3						
4						
5						

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM



"Ask the man who owns one"

APPLICATION FOR MEMBERSHIP OF ASSOCIATION
PACKARD AUTOMOBILE CLUB OF AUSTRALIA INCORPORATED

I, _____
Full Name of Applicant

of _____
Address

Occupation

Hereby apply to become a member of the above named Association. In the event of my admission as a member, I agree to be bound by the rules of the Association.

Signature of Applicant

Date

I, _____, a member of the Association nominate the
Full Name

applicant, who is personally known to me, for membership to the Association.

Signature of Proposer

Date

I, _____, a member of the Association second the
Full Name

nomination of the applicant, who is personally known to me, for membership to the Association.

Signature of Seconder

Date