



**MX5 Club of NSW Inc.**  
 ABN 82 599 208 521  
**Membership Application**

Please complete and return to the  
**Membership Secretary, MX-5 Club of NSW Inc**  
**PO Box 402 Beecroft NSW 2119**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred name for club name badge (first name only) \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_

Mobile \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Chapter \_\_\_\_\_ Occupation \_\_\_\_\_

*\* The monthly events calendar and correspondences are emailed, (posted otherwise), it is cost effective and expeditious compared to posting, so please insert your email address. The quarterly magazine is posted.*

**Joint Member details if applicable:-**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred name for club name badge (first name only) \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ Mobile \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**About Your Car**

Registration \_\_\_\_\_ Year \_\_\_\_\_ Chassis Number (VIN) JMON \_\_\_\_\_

Colour \_\_\_\_\_ Make & Model if non MX5 \_\_\_\_\_

I/we wish to apply for membership of the Mazda MX-5 Club of NSW Inc.

Signed \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Choose your category of membership** (Please note that only full and joint members have voting rights)

Full  Joint  Associate  Junior

Payment Amount \$ \_\_\_\_\_  Cheque  Visa  MasterCard  Money Order

*(Note: PLEASE MAKE CHEQUES PAYABLE TO "MAZDA MX-5 CLUB OF NSW INC")*

Card Number     -     -     -     Expiry   /

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

Office Use Only: Amount _____ Ref # _____ Date ____ / ____ / ____ Mbr # _____
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