



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

JDCSA MEMBERSHIP APPLICATION FORM 2020-2021

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
Table with columns for Member and Adult Family Member (if applicable). Fields include Full Name, Preferred name, Work telephone no., Mobile telephone no., Residential Address, Postal Address, Home telephone no., Is this a silent number?, and email address.

MEMBERSHIP CATEGORY - PLEASE TICK CATEGORY REQUIRED
[] Full Membership [] Single Membership \$65.00 annual subscription + once only joining fee of \$35.00 = \$100.00
Only one additional adult may be nominated as a Family Member...
Table for children's details with columns for Child's Name and Date of Birth.

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
[] Cheque [] Money Order [] Cash [] MasterCard [] Visa
Expiry Date: Month.....Year.....
C.V.V.: (3 digit security no. on back of card)
Card Number:
Table with 16 columns for card number digits.
Signature and 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

