



Mercedes-Benz Club of Queensland Inc.

PO Box 362 Spring Hill Qld 4004
Phone 1300 661 677 Fax 1300 884 492

ABN 28 385 830 513
Email: membership@mbclubqld.com

Membership Application Form

Please return this form by email or fax unless paying by cheque

Applicant:
Title: _____ Surname: _____

Spouse /Partner (if applicable)
Title: _____ Surname: _____

First Name: _____

First Name: _____

Preferred Name: _____

Preferred Name: _____

Postal Address: _____

_____ P/C _____

Home Address: _____

_____ P/C _____

Tel:(H) _____ (W) _____

Mobile: _____

Email 1: _____

Email 2: _____

Age: Under 30 31-45 46-60 over 60

Occupation: _____

(if retired previous Occupation)

Mercedes vehicles owned:

Year	Model	W Series (If known)	Colour	Registration No.

Membership Fees

Membership Year: 1st March 2018 to 28th February 2019

Once only Joining Fee:	\$ 55.00	OR	Once only Joining Fee:	\$ 55.00
Annual Fee:	\$ 70.00		Pro-Rata Sep-Feb:	\$ 35.00
Total:	\$ 125.00		Total:	\$ 90.00

Payment Amount: \$ _____ Cheque Money Order (All payable to Mercedes-Benz Club of Queensland Inc)

Direct Bank Deposit: Suncorp BSB: 484-799 Account Number: 2000 09415 (Quote your Surname as reference)

Credit Card: Visa Mastercard Cardholder Name: _____

Card Number:

Card Expiry Date: / Cardholder Signature: _____

NOTICES:

- The Office of Fair Trading has made it a legal requirement to advise you that the Club has Public Liability Insurance for General, Products and sub-limits in Property in Physical and Legal Control.
- By signing this form the Applicant agrees to the use of the Applicant's personal information for the purpose of management and administration of the Mercedes-Benz Club of Queensland Inc. in accordance with the Privacy Act 1988 (Cth.)

Applicant Signature: _____ **Date:** ____ / ____ / 20 ____