

## NATIONAL CORVETTE RESTORERS SOCIETY AUSTRALIA INC.

## P.O Box 292 Kurrajong NSW 2758

www.NCRS.com.au

APPLICATION FOR MEMBERSHIP ---- RENEWAL

NCRS	Membership N	lo:	USA NCRS Membership No:			
			First Name: Date of Birth:			
Addre	ss:					
Post/Zip Code:			State Country			
H/ Phone:		W/ Pho	W/ Phone:		M/ Phone:	
Email:			Occupation:			
Spouse	e /Partner Pref	erred Name:				
	Please use the ( <b>EO)</b> Excellent	ICLE(S) OWNED (for following code to de Original, (GO) Good ( pace – please attach	note condit Original, ( <b>PC</b>	tion: ( <b>R)</b> Restored, ( <b>L</b> <b>))</b> Poor Original, ( <b>LH</b> )	<b>JR)</b> UN Restoration,	
Year	Body Style	Registration No.	Colour	Condition	VIN ID Plate No.	
		(indicate if not reg.)		(Code as above)		
Please d  I DO No circula I DO No circula I AGRE purpos	elete whichever is  OT/IDO have of ted to all finance OT OBJECT / IO  ted to all currer E / I DO NOT AC e other than to	any objection in having cial members.  BJECT to the above of the financial members.  BREE that I will not use	ng my vehic letails being the inform mber to disc	le details being incl g included in the Me ation contained in t cuss matters of mut	uded in the <u>Members</u> Directory embers Directory which will be the <u>Members</u> Directory for any ual interest. I will not divulge the	
Signat	ure:		Date:			
Renewal Membership Fee: Payment Method: Banking Details: Payable to:		EFT A/C No: 1024				
For office use only:		Date Receive Receipt No: EFT:	ed:			
General Enquiries:		info@NCRS.c	om.au			
Membership Enquiries:		es: <b>membership</b>	membership@NCRS.com.au			