



# MEMBERSHIP

APPLICATION  RENEWAL

\$100 [due June each year]

NAME:	
ADDRESS	
CITY	
POSTCODE	
EMAIL	
MOBILE	

\$\_\_\_\_\_ paid on Date: \_\_\_/\_\_\_/\_\_\_

- CASH
  - EFTPOS
  - DIRECT DEBIT [BSB] 633 000 [A/C] 131 166 829
  - CREDIT CARD

Name on card:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_



CSAF – Castlemaine Specialty Automotive Foundation

Email: [info@autoplex.au](mailto:info@autoplex.au)