



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: ____ / ____

[illegible]

CSAF – Castlemaine Specialty Automotive Foundation

Email: info@autoplex.au