

# TOWNSVILLE CITY AUTOSPORTS CLUB Inc.

PO Box 7697, Garbutt Qld 4814  
<http://www.tcac.com.au>  
ABN: 16 507 002 943



## FAMILY MEMBERS Form

*Please Fill In All Relevant Information*

**Please fill in one form per person who are to be included in your family membership application**

I, the undersigned hereby apply to become a member of the above mentioned association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

**Name:**.....

**Address:**.....

**Postal Address:**.....

**Phone:** Home..... Mobile.....

**Email:** .....

**CAMS Lic/Official Lic No:**.....**Level:**.....**Expiry Date:**.....

**First Aid Cert:**.....**Categories/Grades:**.....

**Signature of applicant:** ..... **Date** / /20



**President:** Greg Wright

**Vice President:** Geoff Nicol **Treasurer:** Ken Long

**Club Captain:** Kay Nicol

**Secretary:** Emma Nicol