



Join The Light Car Club of Tasmania today!

MEMBERSHIP BENEFITS: Monthly LCCT social club nights, special functions conducted throughout the year by the Club and others, invitations to club sporting events conducted by LCCT and other clubs, regular contact through the Club website at www.lcct.com.au and the Club Facebook Page <https://www.facebook.com/LightCarClubOfTasmania>

MEMBERSHIP FEE for 2019 (expires 31-December)

Single \$60
Family \$80 (you, your partner & all children under 18 years old)

PAYMENT OPTIONS

Cheque or Money order:

Complete this application and post it with the required fee to:

Memberships – LCCT
PO Box 723
Launceston Tasmania 7250

Electronic Funds Transfer: Complete this application then Email it to info@lcct.com.au and Transfer the required fee to:

BSB: **087 728** Account #: **51615 2785** Account name: **Light Car Club of Tasmania** Ref: **Member # or Your Name**

Please include your Full Name in the details when using EFT so we are able to match payments & reduce delay in your card delivery.

COMPETITION LICENCE: A CAMS level 2 speed event licence is needed to compete at most club events and a CAMS officials licence is needed to participate in our trackside fun as a race official at all speed events and race meetings. Application forms are available from CAMS on 1300 883 959 or www.cams.com.au or from the Secretary of the Meeting prior to events where they are required.

APPLICATION FOR MEMBERSHIP:

Member Number:

Title: <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs <input type="checkbox"/> Ms / <input type="checkbox"/> Dr	Given Name:	Surname:		
Address Details: <input type="checkbox"/> Home <input type="checkbox"/> Postal <input type="checkbox"/> Business	Street:			
	Suburb:	State:	Code:	
Contact Details	Home:	Mobile:		
Date of Birth:	Occupation:	Business Phone:		
I would like my Business name & number available to Club members for direct contact: If YES, write business name here				<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				
I am happy for my details & email address to be used by the Club for direct contact about club activities and news.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Membership details: (Your partner & any of your children under 18 yrs of age to be included in Family membership) Please list Names and Dates of Birth for all family members that you wish to include in your membership.				

Please tick areas of interest from the range of activities arranged by LCCT.

Participating in club motor sport <input type="checkbox"/>	Participating in open motor racing <input type="checkbox"/>
Officiating at motor sport events <input type="checkbox"/>	Participating in rallies (Gravel or Tarmac) <input type="checkbox"/>
Social nights <input type="checkbox"/>	Social activities at other locations (dinner, cinema etc) <input type="checkbox"/>

I agree that, when elected, I will abide by the rules of the Club at all times.

Applicant's signature:	Membership Fee paid: \$
Date:	I have paid by: <input type="checkbox"/> Cash or <input type="checkbox"/> EFT or <input type="checkbox"/> Cheque / Money order (made out to LCCT)