



PO Box 2049  
KAMBAH ACT 2902

Ph:0410 145 355

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## APPLICATION FOR MEMBERSHIP

### APPLICANTS DETAILS

FULL NAME: .....(D.O.B).....

ADDRESS: .....

PHONE: .....(h).....(w).....(m)

EMAIL: .....

### TORANA DETAILS (optional)

YEAR: .....MODEL: .....

COLOUR: .....ENGINE: .....

I wish to apply for the following: (please tick)

Standard Membership

Family Membership

Interstate Membership

Check the website  
for the current pro rata price

**Membership fees can be paid by cash or cheque  
(made payable to Canberra Torana Club)**

Signature of Applicant: .....

Date: .....

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Completed Membership Applications and payment can be forwarded to  
**CANBERRA TORANA CLUB**  
**PO BOX 2049**  
**KAMBAH ACT 2902**

Or alternatively handed to a committee member at a club meeting or run.