

THE AUSTRALIAN PORSCHE 356 REGISTER INC.

P.O. Box 7356, St. Kilda Road, Melbourne, Vic. 8004
Telephone: (03) 9429 7356 Fax: (03) 9429 7629

Membership No.

Register No.

Date:

Processed:

APPLICATION FOR MEMBERSHIP

Please Supply Photo of Car

Name: _____

Name of Wife/Husband/Friend: _____

Address: _____

_____ Post Code: _____

Tele No. (H): _____ Tele No. (B) _____ Tele No. (M) _____

Porsche Club Member: Yes/No Fax No.: _____ Email: _____

PARTICULARS OF CAR

Model (A/B/C): _____

Body Type Coupe Cabrio Speedst

Year of Manufacture: _____

Registration/Licence No.: _____

Condition: _____

THESE ARE IMPORTANT

Chassis No.: _____

Engine No.: _____

Body/Trim Colour: _____

Date Purchased: _____

Mileage: _____

ADDITIONAL DETAILS/ACCESSORIES/MODIFICATIONS/HISTORY/COMMENTS:

PREVIOUS OWNERS:

I hereby apply to become a member of The Australian Porsche 356 Register Inc. 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. My payment for the current year's membership subscription is attached.

Date: ____ / ____ / ____

Signature of Applicant