



Jayco Owners Club of ACT (Inc.)

APPLICATION FOR MEMBERSHIP

Applicant No 1

Applicant No 2

Surname	Surname
First Name	First Name
Preferred Name	Preferred Name
Home Address	Post Code
Mailing Address	Post Code
Email Address	
Contact Telephone	Mobile
Day & Month of Birthday	Day & Month of Birthday

Children (Under 18)

Name	Birth Date
Name	Birth Date
Name	Birth Date
Type of Jayco RV & Registration Number & length of van:	
UHF YES/NO	

The Jayco Club issues a list of contact details to members. Please tick the information you wish to have included.

I/We agree to this information being passed on to fellow members of the Jayco Owners Club of ACT .

Full Name

Home Address

Email Address

Home Telephone
No

Mobile No

Have you been convicted of a criminal offence? Yes No

We hereby apply for membership of the Jayco Owners Club of ACT and agree to abide by the rules thereof.

Signed

Signed

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.....

.....
Print Name

.....
Date

.....
Print Name

.....
Date

Enquiries to: Secretary

Mail application with payment to: The Secretary, P.O. Box 367 CALWELL 2905

Office use : Payable fees on Application: JOINING FEE \$5.00..... ANNUAL MEMBERSHIP FEE single \$25.00 / Family \$35.00

Verified

Your application is subject to a committee decision