

Membership Application



Please complete and send to:-
The Mercedes-Benz Club of Qld.,
PO Box 362 Spring Hill Qld., 4004

I / we would like to join the Mercedes-Benz Club of Queensland as a member family member

Family Name: _____

Given Names: _____

Partner's Name: _____
(if family membership)

Address: _____

Postal Address (if different to above):

Daytime Phone Number: _____

Mobile: _____

E-Mail: _____

Vehicle (if more than one attach details)

M-B Model: _____

Year: _____ Reg. No. _____

Colour: _____

Payment Details:

I enclose a cheque / money order for \$ 50 for one year's membership, adjusted prorata till the end of the Club Year on 28 February, 2007, and \$30 joining fee.

Fees calculation formula:

No. of mths. till end February next, divided by 12 =

multiplied by \$50 = \$

plus \$30 = \$

Or please charge my;-

MasterCard Visa
(tick one as appropriate)

Name on Card: _____

Card No.: _____ / _____ / _____ / _____

Expiry date: _____ / _____

Amount: \$ _____

Card Holder's
Signature: _____

Date: _____

BENZ by BAYSIDE - Early Bird Special

Please complete and fax to (07) 3360 0495, or forward to the Mercedes-Benz Club of Queensland, PO Box 362, Spring Hill, Qld., 4004



Name _____
Mailing address _____

Membership Number _____ M-B Club _____

Contact phone number _____

No of people attending at \$17.50 per person (the first 100 will receive this price) _____

DISPLAY ENTRY YES NO (if yes, model _____ year _____)

Number _____ / _____ / _____ Name on Card _____

CONCOURS ENTRY YES NO (if yes, model _____ year _____ mileage _____)

PAYMENT DETAILS: I enclose a cheque / money order, or please charge my _____ Credit Card

Expires _____ / _____ Amount \$ _____ Signature _____ Date _____

graphic from brandjasmine

