Eastern Province Veteran Car Club

APPLICATION FOR MEMBERSHIP

For Official Use Only **Revised: 19 June 2023**

Membership No.	M		S	
Indemnity No.	M		S	

SURNAME:	**TITLE:**	**ID NO:**
CALL NAME:	**FORENAMES:**	
PHONE - CELL:	**LANDLINE:**	**SPOUSE CELL:**
E-MAIL:		
POSTAL ADDRESS:		**CODE:**
HOME ADDRESS:		**CODE:**
BUSINESS/EMPLOYER:	**OCCUPATION:**	
SPOUSE NAME:	**ID NUMBER:**	**SPOUSE MEMBERSHIP: Yes / No**
SPOUSE E-MAIL:		

CARS OWNED (Complete and if more space needed, please use reverse of form):

MAKE	MODEL	YEAR	COLOUR	SAVVA DATE No.	CONDITION

LEGEND FOR CONDITION: **C =** Concourse **O** = Original, **VG** = Very Good, **G** = Good, **F** = Fair; **UR** =Under Restoration, **AR** = Awaiting Restoration, **S** = Scrap.

Age of Applicant	TOWN MEMBER	SPOUSE OF MEMBER	COUNTRY MEMBER
Under 30 – Junior	R 100.00	R 100.00	R 100.00
Over 30 - Senior	R 500.00	R100.00	R 380.00

NOTES:

1. Financial year of Club: 1st July to 30th June of the following year.
2. Subscription fees payable annually in advance.
3. If joining during the Financial year, the **pro-rata Subscription Fee** up to the financial year-end, calculated as follows: -
   Junior – **R 8** p. month Country – **R 30** p. month Spouse – if joining between July to Jan – **R 60**
   Town – **R 40** p. month if joining between Feb to June – **R 30**
4. A country member lives beyond the 50 km radius of Port Elizabeth.
5. A junior member is under 30 years of age.
6. **On joining, all new Members & Spouse's need to complete the necessary SAVVA / MSA Indemnity form. This is done once off.**
7. Applications either can be emailed to **membership@epvcc.co.za**, or dropped off at the EPVCC Club House on a Friday evening at Conyngham Street, Glendinningvale (off Cape Road), Port Elizabeth.

I am / am not a member of another Car Club namely ……

I, the undersigned, apply for membership of the EASTERN PROVINCE VETERAN CAR CLUB. Should I be accepted, I agree to be bound by the Constitution, Rules and Regulations of the Club.

SIGNATURE:……..……..…….. **DATE:**……..

GUARDIAN :……...……..…….. **INTRODUCED BY:**…… …….……...
If under age of 16 (EPVCC Members name)

PROPOSED BY:…….....……..…….. **SECONDED BY:**…….…….……...

PROPOSED: SIGNATURE:…….…….. **SECONDED: SIGNATURE…**…..……...…….

FOR OFFICE USE ONLY:

Invoice No.:	Date of welcome letter:
Invoice Date.:	Membership Card Issued:
Date Payment Received:	Indemnity Card Issued:
E-mailing List Updated:	SAVVA List Updated:
Database Updated:	Newsletter Editor Informed: