



# CCDA

Cross Country Drivers Association

## MEMBERSHIP RENEWAL FORM

Complete the following information:

CCDA Membership Number: \_\_\_\_\_

Surname: \_\_\_\_\_ Firstname: \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Occupation \_\_\_\_\_ 4WD Club \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lic No. \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Fax \_\_\_\_\_

Email (we need this to keep you informed) \_\_\_\_\_

(Email address is also required for members' access to the web site at <http://CCDA.info> )

Your annual CCDA membership fees fall due on 1 July 2005

**\$40** per adult (18+ yrs) covers personal membership for a financial year period (From July to June)

Includes personal accident insurance whilst participating in or working at any CCDA sanctioned activity.

Cheques payable to "**Cross Country Drivers Association**" or credit card as follows :

### Credit Card Payment

Payment Amount: \$ \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Card Number \_\_\_\_\_ Expires : \_\_\_\_\_ Signed \_\_\_\_\_

**Return this entire form with you cheque, or credit card authorization above, to:**

CCDA Registrar  
PO Box 1266  
Baulkham Hills, NSW, 1755

CCDA Registrar  
25 Quamby Rd  
Ringwood North, VIC, 3134

Fax: 02 9614 5530

### Office Use only

Received	Financial			
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