



Council of ACT Motor Clubs Inc.

PO Box 505 Woden ACT 2606

ABN 42 983 861 389

CACTMC CLUB AFFILIATION FORM – 2026

Club name (short): _____ Club #: _____ Incorporation ID: _____

Club name (full): _____

Postal address: _____

email: _____

web site: http[s]://www._____

President's name: _____ Phone: _____

President's email: _____

Delegate (#1) name: _____ Phone: _____

Delegate (#1) email: _____

Delegate (#2) name: _____ Phone: _____

Delegate (#2) email: _____

Club Registrar's name: _____ Phone: _____

Club Registrar's email: _____

Number of Members: ACT: _____ NSW: _____ Other: _____ Total: _____

Payment of \$ _____ was made on ___ / ___ / 20__ Bank reference: _____

(Being for an **Affiliation Fee** of \$ _____ and a **Carbon Offset Project** donation of \$ _____)

I, _____ am a member of the above Club. I am authorized by the Club to provide the above information and I confirm that the details are true and correct.

Signed: _____ Position: _____ Date: _____

email the completed form to: Secretary@CACTMC.org.au