

CLASSIC CAR CLUB OF CEYLON

20/7A AVERIHENA ROAD, COLOMBO 5

MEMBERSHIP
NO

1.Name in full(In capitals):

2.Profession:

4.Address - Office:

- Home:

- Email

3.Nationality:

5.Date of Birth:

6. Telephone -
Home

Office

Mobile

7.Driving License No & date of issue:

Details of vehicle/vehicles manufactured 1940-1970 owned by applicant.

(a) Make & Model	Type	Year of Manufacture	Registration Year	No	Engine No Original Present	Chassis No Original Present
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(b)Details of modifications if any, factory approved/internationally recognized.

(c)Details of modifications if any, other than factory approved/internationally recognized.

(d)Details of Engine replacements if any-

(e) Body style: Saloon, Tourer, Sports, Cabriolet, Coupe

I agree to abide by decision of the Committee supported by the panel of adjudicators who will decide on eligibility of my vehicle/vehicles to be classified as "Classic", and if elected a member I will abide by the Rules and Regulations of the Club and also be fully committed to support its objectives.

I enclose herewith a Cheque/Cash for Rs1000/- being Rs700/- as entrance fee and Rs300/- as Annual Subscription

Date:

Signature of Applicant

Name

Signature

Membership
No

Proposed By: _____

Seconded By: _____

(For Office Use)

Elected/Rejected at the Committee Meeting held on _____

Membership No

Entered into records:

President:

Hony. Secretary:
