



www.washnshop.com  
P.O. Box 344  
Kerrimuir, VIC, 3129

Please Print/Scan this document  
and send via email to Washnshop.  
We are no longer except transmisson  
via facsimile.

## Membership Application Form

Membership Number

### Contact Details

Title: ..... (Mr, Mrs, Miss, Ms)

Surname: ..... Given Name: .....

Address: ..... State: ..... Post Code: .....

Mailing Address: ..... State: ..... Post Code: .....

Telephone Number: ..... (home) ..... (work) .....(mobile)

E-Mail Address: .....

### Vehicle Details

Make: ..... Model: .....

Colour: ..... Registration: .....

### Membership Details

3 Monthly                       6 Monthly                       Yearly

Membership details: .....

Date Membership Commenced:..... Date Membership Expired:.....

### Payment Details

Total Amount Payable: .....

cheque       cash                       credit card

Card Type: ..... (visa, amex, diners, etc)

Card Number: ..... Expiry Date: .....

**How did you find out about us?**      Passing By       Advertising       Friend       Other\*

\*(please specify) .....

Gender:     Male       Female                      Please tick if you do not wish to receive mail from us

Your Birthday: Day..... Month.....

Signature: ..... Date: .....