MEMBERSHIP RENEWAL FORM

Remittance to: P.A.C.A., PO BOX 1204, BOWRAL NSW 2576.

FAMILY NAME GIVEN NAMES (1)							
WIFE ,	PARTNER'S	NAME (2)					_
HOME ADDRESS						POST COL	DE
POSTAL ADDRESS						POST COI	DE
HOME	PHONE		WORK PHONE			FAX	_
Mobile			E-mail				
			Member (1) Day Month				
Membe	ership includ	es the Club N	lagazine and Su	ndry Publications –	one Magazine p	er couple. Signed	
INCL	UDE RENEW	AL:					
\$70 EXISTING MEMBERSHIP RENEWAL							
Cheque Please make Cheques payable to PACA.							
Credit	t Card		Visa	Master Car	rd		
		Card No.					
Name on Card							
	Signature Expiry Date/_				/		
	For assis	tance with m	embership detai	is please contact MI	CHAEL KEYTE	Phone (02) 9622 8445 Mo	b 0400 302 526
PLEA	SE COMPLE	TE THE DETA		HELP THE CLUB PUT IND ALSO TO MAIN		ACT WITH PEOPLE WHO CORDS.	HAVE SIMILAR PACKARD
No.	Year	Mo	odel	Body Type	Colour	Engine No.	Chassis No.
1							
3							
4							
5							+