



MG Car Club of Toronto

Membership Application / Renewal

PLEASE PRINT CLEARLY:

Membership #: _____

Full Name:
Last Name *First Name*

Address:
Street Address

City

Province

Postal Code

H. Phone: - -
Area code *Phone Number*

Cell #: - -
Area code *Phone Number*

Email 1:
Primary e-mail address

Email 2:
Secondary (spouse/partner) e-mail address

Spouse / Partner:
Last Name *First Name*

First Vehicle:
Year *Marque* *Model* *Colour* *Plate #* *VIN*

Second Vehicle:
Year *Marque* *Model* *Colour* *Plate #* *VIN*

Are you willing to help out at club meetings / events: Yes No

Comments: _____

By submitting this form, I make formal application to the executive of the MG Car Club of Toronto Inc. for new / renewal membership. If my application is accepted, I will abide by the By-laws of the club.

Signed: _____ NEW APPLICATION RENEWAL

Please mail this form, enclosing your payment, to: MG Car Club of Toronto Inc.
364 Old Kingston Rd., P. O. Box 97505
Scarborough, ON M1C 4Z1 Canada

You may also Join or Renew online at: <http://www.mgtoronto.com/application.html>

Annual Fee: \$45.00 in Canadian funds Please make all cheques payable to **MGCCT**

Visa or MasterCard # _____ Expiry: _____ / _____
(mm) *(yy)*

Name: _____
(as it appears on card) *(signature)*

(Please note that memberships are for the calendar year, January 1st through December 31st)

If you have any questions about this application form, please contact our Membership Chair
by e-mail to membership@mgtoronto.com