



# 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: \$55.00 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 1<sup>st</sup> through December 31<sup>st</sup>)***

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