



Leyland P76 Owners Club

Incorporated Queensland



Membership Application or Renewal

I hereby request full membership of The Leyland P76 Owners Club Inc. QLD. I understand that there is a one off joining fee of \$10.00 for a new member and an annual membership fee of \$50.00.

Signed

Dated...../...../20.....

Contact Details

Name:		Home Phone:	
Address:		Mobile:	
Suburb:		Town:	
State:		Postcode:	
Email:	@		

I would like to receive my Magazine by (please tick preference) Mail Email

Please find enclosed a cheque made out to: The Leyland P76 Owners Club Inc. QLD, for \$
This entitles me to Bi monthly magazines, Club functions and access to buying Club parts.
Members are invited to be on the committee.

Due to the new laws on divulging Personal Details, do you give the club permission to pass on your details to other clubs and place this information on the "National Register" database?

YES NO (please cross out the one you don't want)

Suggestions for Outings: (ie would you like us to arrange an outing near where you live)

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Replies To: P.O.Box 343, CARINA 4152, QLD

Car Information – Car

Vehicle Identification No. 076	Manuf (Mth/Yr)	Model	Registration No.	Last Registered (Year)	Last Registered (State)
Engine Capacity	Engine No.	Paint Colour	Trim Colour	Manual <input type="checkbox"/>	Column Shift <input type="checkbox"/>
Power Steering <input type="checkbox"/>	Factory Air <input type="checkbox"/>	Factory Alloy Wheels <input type="checkbox"/>	Bench Seat <input type="checkbox"/>	Automatic <input type="checkbox"/>	Floor Shift <input type="checkbox"/>
Body Restored <input type="checkbox"/> Repairable <input type="checkbox"/> Rust/Damage/Paint Good <input type="checkbox"/> Parts Only <input type="checkbox"/>		Interior Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Engine Reconditioned <input type="checkbox"/> Good <input type="checkbox"/> Reco Required <input type="checkbox"/> Parts Only <input type="checkbox"/>	
Non Standard Equipment				Bucket Seats (Fixed) <input type="checkbox"/>	Bucket Seats (Reclining) <input type="checkbox"/>
				Rear Arm Rest <input type="checkbox"/>	Towbar <input type="checkbox"/>
				Mudflaps <input type="checkbox"/>	Original Cassette <input type="checkbox"/>
				Original Radio <input type="checkbox"/>	
				Year Purchased _____	Original Owner <input type="checkbox"/>
				Purchased From (If Known) _____	