



# MG Car Club

Port Elizabeth Center  
P.O. Box 1122, Port Elizabeth, 6000

## MEMBERSHIP APPLICATION FORM

Surname   
Preferred Name

Name   
Partners Name

Street

Postal

E-Mail (W)

E-Mail (H)

Yes No

Please indicate if you and your partner are going to join

Home Phone  Fax

Work Phone  Cellular

MG Car's owned

Are you currently a member at any other MG Club in SA

Yes	No	Club center	Mem No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Sign here   
Proposer (Print)   
Seconder (Print)

Date   
Proposer Sign   
Seconder Sign

### Details of MG(s) in your possession

MG Type (MG BGT)   
Body (Roadster)   
Present body colour   
Present Seat colour   
Engine Number   
Chassis Number   
Body Number   
Commission No

Year of Manufacture   
Wheels (Wire,Disc)   
Original body colour   
Original Seat colour   
Engine capacity (cc)   
Motor Assemblies No   
Date Acquired   
\*\* Condition Scale 1-10

Other intresting Info  
Judge for your self \*\*

\*\*Please indicate the condition of your MG on a 1-10 scale (10= bad) & (1 = concourse or new) There is an additional ,  
(.....) nominal fee for your partner to join the club. Please ask for the club constitution.