



(Affiliated to S.A.V.V.A)

The Crankhandle Club

9 Riebeek Street, Wynberg, 7800, South Africa
Cape Town, Western Cape • Email: info@crankhandleclub.co.za

APPLICATION FOR MEMBERSHIP

Applicants are requested to complete **both** pages of this form

SURNAME..... FIRST NAME.....

TITLE.....ID..... FIRST NAME OF SPOUSE/PARTNER.....

RESIDENTIAL ADDRESS POSTAL ADDRESS

.....

.....

.....CODE..... CODE.....

TELEPHONE (H)..... (W)..... (FAX).....

CELL NO..... EMAIL ADDRESS.....
I hereby apply for FULL/COUNTRY/JUNIOR (delete those not applicable) membership of **The Crankhandle Club**. If my application is successful, I undertake to abide by the Constitution and Bye-Laws of the Club. **My remittance is enclosed.**

SIGNED..... DATE.....

Application for membership of spouse as **Joint** member

SURNAME..... FIRST NAME.....

TITLE.....ID..... FIRST NAME OF SPOUSE/PARTNER.....

RESIDENTIAL ADDRESS POSTAL ADDRESS

.....

.....

.....CODE..... CODE.....

TELEPHONE (H)..... (W)..... (FAX).....

CELL NO..... EMAIL ADDRESS.....
I hereby apply for FULL/COUNTRY/JUNIOR (delete those not applicable) membership of **The Crankhandle Club**. If my application is successful, I undertake to abide by the Constitution and Bye-Laws of the Club. **My remittance is enclosed.**

SIGNED (spouse)..... DATE.....

This form to be completed **and signed by yourself, your Proposer and Seconder**

I have known the applicant for not less than 2 years. (If the applicant does not have a proposer/seconder, the applicant should send this form directly to the Club with a letter explaining the circumstances.)

PROPOSER (name)..... SIGNATURE.....

SECONDER (name)..... SIGNATURE.....

DETAILS OF VEHICLES 20 YEARS AND OLDER, PRESENTLY OWNED:

(continue on additional sheet of paper if necessary)

| YEAR | MAKE | MODEL | CONDITION* | SAVVA DATING NO. | REGISTER DATE |
|-------|-------|-------|------------|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Key for condition: R – restored G – good O – original A – pieces/incomplete B – pieces complete
 U – unrestored UR – under restoration E – excellent

I am a paid up member of another club affiliated to SAVVA and was Previously living more than 80 Kms from Cape Town GPO YES / NO

Name of Club affiliated to SAVVA.....

I am interested in getting to know members by:

Assisting the Club from time to time YES / NO

Assisting to organize Outings & Events YES / NO

It will be my intention to insure my cars through the SAVVA related scheme for collectors cars YES / NO

PROFORMA INVOICE

| | |
|--|---------------|
| ENTRANCE FEE (including one name badge) | R 320.00 |
| SUBSCRIPTION FEE (see below) | R..... |
| ADDITIONAL NAME BADGE (R80.00 each) [Give Name] | R..... |
| POSTED MAGAZINE IN ADDITION TO EMAIL (R180.00) (SA only) | <u>R.....</u> |
| TOTAL | R..... |

EXACT WORDING FOR NAME BADGE(S) (CAPITALS PLEASE)

PRIMARY MEMBER.....

SPOUSE MEMBER

| MEMBERSHIP FEES | FULL | | COUNTRY | | JUNIOR |
|---|--------|-------|---------|-------|--------|
| | Single | Joint | Single | Joint | |
| 1 st July 2024 – 30 th June 2025 | R 620 | R 930 | R 515 | R 770 | R 250 |
| New members joining during the year will be charged pro rata for the remaining months | | | | | |

Valid to 30th June 2025

Please email your completed application form to the Membership Office for processing.

Hilton Franz
 (membership officer)
 hilton@diel.co.za