



www.classicsportscarclubmalta.com

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info@classicsportscarclubmalta.com

Name & Surname _____

Address _____

Telephone Number _____ Mobile Number _____

Email Address _____

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>ENG CAPACITY</u>	<u>COLOUR</u>
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FOR OFFICE USE ONLY

Membership Number	
Expiry Date	

Date Paid	Donation	Signature