

REGISTER FORM - THE TRIUMPH SPORTS CAR CLUB OF SOUTH AFRICA (To be completed once membership number known)

MEMBER'S NAME:

MEMBERSHIP NUMBER:

POSTAL ADDRESS:

POSTAL CODE: **CENTRE:**

DETAILS OF TRIUMPHS OWNED:

	CAR 1	CAR 2	CAR 3
MODEL/ TYPE
YEAR OF MANUFACTURE
COMM NO:
CHASSIS NO:
LOCAL ASS NO:
ENGINE NO:
COLOUR:
MODIFICATIONS IF ANY:

PREVIOUS OWNER/S:
DATE OF ACQUISITION:
USEFUL DETAILS:

DATE: **FAX TO: P A PIENAAR – 021 4293221**

**OR MAIL COMPLETED FORM TO: THE T S C C REGISTRAR
P O BOX 33199
GLENSTANTIA 0010**