



ROYAL AUTOMOBILE CLUB OF AUSTRALIA  
INCORPORATING IMPERIAL SERVICE CLUB LIMITED

## APPLICATION FOR MEMBERSHIP 2025/26

**MEMBERSHIP IS BASED ON YOUR RESIDENTIAL ADDRESS OR RELEVANT CATEGORY:**

Category	Annual Subscription	Minimum Spend (GST inclusive)
<input type="checkbox"/> <b>Country</b> (NSW country & ACT)	\$1600.00	\$840.00
<input type="checkbox"/> <b>Defence/Emergency Service</b> (Active or Retired)	\$1100.00	\$840.00
<input type="checkbox"/> <b>Interstate</b> (all Australian states and territories except NSW & ACT)	\$1600.00	\$420.00
<input type="checkbox"/> <b>Town*</b>	\$2750.00	\$840.00
<input type="checkbox"/> <b>Under 40s</b> (30 years old to 39 years old)	\$1250.00	\$840.00
<input type="checkbox"/> <b>Young Executive</b> (18 years old to 29 years old)	\$1100.00	\$420.00
<input type="checkbox"/> <b>Corporate</b> (new 5+ members)	\$1925.00	\$840.00
<input type="checkbox"/> <b>Associate</b>	\$907.50	\$840.00

*\*permanently reside within the area bounded by the City of Wollongong to the south, Katoomba to the west, and the City of Newcastle to the north.*

**Is this application part of Family Membership?** ☐ Yes ☐ No

**Is this application eligible for the Special Defence Introductory Offer?** ☐ Yes ☐ No

**Membership Payment Option (Please tick one):** ☐ **Annually** or ☐ **Monthly**

*Note: Monthly payments are calculated at 110% of the annual fee, spread over 12 months. By selecting the monthly option, you agree to commit to the full 12-month payment term. Early resignation does not cancel the remaining balance.*

Please Tick: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

PO Box Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Defence Association/Service Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Please submit this application form to our Membership team email.  
Telephone: (02) 8273 2324 Email: [membership@raca.com.au](mailto:membership@raca.com.au)  
89 Macquarie Street, Sydney NSW 2000 Australia**

Please provide identification that includes your full name and residential details. Please select one of the options below and attach a copy to this application form.

- ☐ Bill Statement
- ☐ Australian Drivers Licence
- ☐ Other (must include name, Australian residential address and date of birth)

**Please select one of the following reference options.**

**1. Proposer Information**

Name of Proposer: \_\_\_\_\_

M/Ship No: \_\_\_\_\_

Proposer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2. Professional Reference**

\*If you do not have a current RACA Member to propose you, please provide the Club with one professional referee below.

Name: \_\_\_\_\_

How did you hear about us?

Company: \_\_\_\_\_

☐ Advertisement ☐ Word of mouth

Position: \_\_\_\_\_

☐ Member referral ☐ Affiliated club

Phone: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Professional Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Family Membership**

\*If you are joining under Family Membership, please provide the Club with the details of the current primary member you intend to join under.

Name of Member: \_\_\_\_\_

M/Ship No: \_\_\_\_\_

Family Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the above particulars are correct and hereby apply to be admitted for membership of the Royal Automobile Club of Australia. If my membership is approved by the Board, I agree to be bound by RACA's constitution, rules and by-laws.

Applicant's Signature: \_\_\_\_\_

- ☐ I agree to having my name published in the Club Newsletter as a new member.

\*Please supply one application per person for membership.

\*Please note when supplying your email address, that a valid document clearly displaying your name and residential address, plus a copy of your identification, are both compulsory.

\*Please provide payment details on or with your application for Membership.

\*Application is only accepted once the RACA Credit/Debit Authorisation Form is submitted.

\*The financial year of the Royal Automobile Club of Australia, commences on the 1st July 2025 and the above rates are valid till 30th June 2026.

\*Based on the date of your application, Annual Subscription rates are Pro-rata.

\*Please be advised that your NRMA Roadside Assistance which is included in your membership is only valid if you are a financial member.

\*To use your NRMA service, you will be provided with a NRMA assistance number and a RACA access code after becoming a member.

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Telephone: (02) 8273 2324 Email: [membership@raca.com.au](mailto:membership@raca.com.au)  
89 Macquarie Street, Sydney NSW 2000 Australia**



**ROYAL AUTOMOBILE CLUB OF AUSTRALIA**  
INCORPORATING IMPERIAL SERVICE CLUB LTD.  
ABN 44 000 016 044

## **RACA Direct Debit Authority**

This Form allows The Royal Automobile Club of Australia (ABN 44 000 016 044) to automatically debit your nominated payment method for any dues to the Club as per statement. Dues are:

1. Charges on House account: nominated payment method will be debited on the 23rd of each month (or the next working day if the 23rd falls on a public holiday).

2. Membership Subscription

- o As a Lump Sum, nominated payment method will be debited on the 23rd of June or upon returning this form.
- o As Monthly Instalments, nominated payment method will be debited on the 23rd of each month (or the next working day if the 23rd falls on a public holiday).

Completion of this authorisation form is a compulsory part of your membership. Please return the completed form to: [accounts@raca.com.au](mailto:accounts@raca.com.au)

### **MEMBER INFORMATION**

Member Number:

Surname:

Given Name:

Mobile #:

Email:

Address:

Suburb:

State:

Postcode:



**ROYAL AUTOMOBILE CLUB OF AUSTRALIA**  
INCORPORATING IMPERIAL SERVICE CLUB LTD.  
ABN 44 000 016 044

## RACA Direct Debit Authority

I  authorise the Royal Automobile Club of Australia (ABN 44 000 016 044) to debit payments from my nominated payment method until otherwise stated.

(SIGNATURE)

(DATE)

☐ I am providing only partial card details below (only the first four and last four digits of my card). I kindly request a follow-up call from the RACA Accounts team to complete the payment details.

☐ Please proceed with charging the amount using the full card details provided below.

### ☐ DEBIT CARD

Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Other: <input type="text"/>
Card Number:	<input type="text"/>		Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name of Cardholder:	<input type="text"/>		
			Transaction Fee: 1%

**OR**

### ☐ CREDIT CARD

Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX <input type="text"/>
Card Number:	<input type="text"/>		Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name of Cardholder:	<input type="text"/>		
			Transaction Fee: Visa/Mastercard: 1.6% American Express: 2%