

Membership Application & Renewal for 1 June 2010 to 31 July 2011

Hamilton Car Club Inc.
Memberships
PO Box 14142
Five Cross Road
Hamilton 3252

For enquiries, Contact:
Daniel Vincent
memberships@hamiltoncarclub.org.nz
Ham: 07 829 8956 or 021 947 217

(All details MUST be provided for you application to be processed)

I _____
First Names Surname

Of (postal address) _____

Post Code: _____

Phone: (Hm) _____ (Mob) _____ (Work) _____

Email: _____

Wish to: Renew my membership / apply for a new membership / resign (circle appropriate)

NOTES: 1. As a member of the Hamilton Car Club Inc and undertake to adhere to the rules of the club.
2. It is a requirement of the Incorporated Societies act; that if you no longer wish to be a member of the Hamilton Car Club that you must resign.

Single Membership @ \$75 \$ _____

Or Joint/Family Membership @ \$100 \$ _____

_____ x Junior Memberships @ \$15 \$ _____

(Dependant Child 12-18 years)

Note:
Membership can be
Paid on line.
Acct #: 060317-0335984-00

Total Payable: \$ _____

Paid Online

Motorsport NZ Statistics (Must be completed for all members) DOB (if under 18) ____/____/____

Age Group: Under 18 18-25 Yrs 26-35 Yrs 36-60 Yrs 60 Yrs & Over

Additional Members

Name: _____ DOB (if under 18) ____/____/____

Age Group: Under 18 18-25 Yrs 26-35 Yrs 36-60 Yrs 60 Yrs & Over

Name: _____ DOB (if under 18) ____/____/____

Age Group: Under 18 18-25 Yrs 26-35 Yrs 36-60 Yrs 60 Yrs & Over

Name: _____ DOB (if under 18) ____/____/____

Age Group: Under 18 18-25 Yrs 26-35 Yrs 36-60 Yrs 60 Yrs & Over

Name: _____ DOB (if under 18) ____/____/____

Age Group: Under 18 18-25 Yrs 26-35 Yrs 36-60 Yrs 60 Yrs & Over

Signed: _____

Date: _____

Office Use: Date Received: ____/____/____ Receipt No: _____

Membership No(s): _____

Card Number(s): _____