



COMMODORE CAR CLUB OF NZ INC

P.O. Box 180 005, Royal Heights, Auckland 0656
www.commodorecarclub.org.nz email: info@commodorecarclub.org.nz



APPLICATION FOR MEMBERSHIP

(PLEASE PRINT IN BLOCK LETTERS)

LAST NAME/S: _____

FIRST NAME : _____ **D.O.B** ___/___/___

(FAMILY MEMBERSHIP REQUIRED ONLY WHEN MORE THAN ONE MEMBER)

FAMILY MEMBER # 2 _____ **D.O.B** ___/___/___

FAMILY MEMBER # 3 _____ **D.O.B** ___/___/___

FAMILY MEMBER # 4 _____ **D.O.B** ___/___/___

FAMILY MEMBER # 5 _____ **D.O.B** ___/___/___

FAMILY MEMBER # 6 _____ **D.O.B** ___/___/___

ADDRESS: _____

CONTACTS: EMAIL: _____

HM: _____ **WK:** _____ **MOB:** _____

OCCUPATION: _____

AGE GROUP OF APPLICANT/S: (PLEASE SELECT APPLICABLE AGE GROUP FOR EACH OF THE ABOVE NAME/S LISTED)

UNDER 18	18-25	26-35	36-45	45-55	56-60	61+
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YEAR / MODEL OF CAR: _____

IF YOU ARE A MEMBER OF ANOTHER CLUB/S PLEASE LIST THEM BELOW:

I/We hereby apply to become a member/s of the COMMODORE CAR CLUB OF NZ INC.

If elected to membership I/We will adhere to all the rules and regulations of the club for Motor Sport New Zealand & to any addition, alteration or amendment to them, which from time to time may be lawfully made.

APPLICANT SIGNATURE: _____ **DATE** ___/___/___

(Type Full Name if filled on Computer)

Membership Categories:

- Single Membership: \$70.00 (includes 2 x Adults (16+) living in same household)
- Family Membership: \$80.00
- Additional Family Membership: \$10.00 (for each additional adult (16+) in the same household \$10ea)
- Country Membership: \$45.00 (Applies only to North of Warkworth / South of Huntly & Overseas applications)

Payment Options:

Internet Banking: ASB 12-3011-0189105-00 please include your name as a reference) on date ___/___/___

Cheque Enclosed \$ _____ (Cheques should be made out to Commodore Car Club of NZ Inc)

This form when completed, should be sent & enclosed with payment to:

The Secretary, Commodore Car Club, PO Box 302-605, North Harbour, Auckland 0751.

or Email to: info@commodorecarclub.org.nz

OFFICE USE ONLY

Referred by _____ Member # _____ Date Received _____

President's signature _____ Assigned membership # _____