

Membership Application or Renewal form

Hamilton Car Club Inc.
Memberships
26 Ravenscourt Place
Hamilton
3210

For enquiries contact:
Bill McEwan
memberships@hamiltoncarclub.org.nz
Ph: 029 594 3260

(All details MUST be provided and this form and signed for your application to be processed)

I _____
First Names Surname

Of (postal address) _____

_____ Post Code: _____

Phone: (Mob) _____

Email: _____

I wish to: Apply for a New Membership Renew my membership Resign (circle appropriate)

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

Age Group: 16-18yrs 19-25 Yrs 26-35 Yrs 36-60 Yrs 61 Yrs & Over

Joint Member (Spouse or partner living at same address)

Name: _____

Age Group: 16-18yrs 19-25 Yrs 26-35 Yrs 36-60 Yrs 61 Yrs & Over

Junior Members: 15 years or under.

Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____

NOTES:

1. As a member of the Hamilton Car Club Inc I 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.
3. The membership year runs from 1st August to 31st July.
4. By providing an email address I give the permission to for the Hamilton Car Club to email me about upcoming events and car club matters in general.
5. A 50% discount is applicable to NEW memberships after 31 Jan (not applicable to renewals)

I agree that the details provided are correct and also agree to the conditions listed above.

Signed: _____ **Date:** _____

Single Membership @ \$80 or Joint Membership @ \$110 \$ _____

With ____ x Junior Memberships (12-16 Years) @ \$15 \$ _____

Total Payable: \$ _____

Reduced by 50% after Jan 1st for new members

For online payment: ANZ, Hamilton Branch: 06-0317-0335984-00