

WELLINGTON CAR CLUB (INC.)

P O Box 9072 WELLINGTON www.carclub.co.nz

Membership Application

Name: Mr, Miss,	Ms, Mrs,	E	Email Address:
Phone Numbers: Home:	Work		Postal Address:
Mobile:			
Date of Birth:		C	Occupation:
General Details an Car(s) owned:	<u>d Interests</u>	V	What assistance do you need from us?
What other clubs do you belong to?			
Have you competed in motorsport events before?			What assistance can you provide us?
Type of events you would like to compete in?			
Trials - Motorkhana/Autocross - Rally - Race - Social - Other (Specify)			
<u>Legal Bits</u>			
Signature of Applicant: Date: I hereby make formal application to join Wellington Car Club Incorporated and in doing so declare, that if accepted, will abide by the Constitution of the club and any amendments.			
Note: Applications will only be considered if accompanied with the appropriate subscription fee. The completion of the membership application form does not imply acceptance into the club.			
I,(YOUR FULL NAME)			
Membership Fees			
Full	\$65.00	(competition)	
Non-Competing	\$20.00	(social, officials,	volunteers)
Family	\$20.00	(for each additional family member at the same address, where one person holds a full competition membership)	

Direct Credit ANZ WELLINGTON 01 0517 0214626 00

Email this completed form to wgtncarclub@gmail.com