



WELLINGTON CAR CLUB (INC.)

P O Box 9072
WELLINGTON
Phone (04) 389 2309

Club Rooms
Russell Terrace
www.carclub.co.nz

Membership Application

Name: Mr, Miss, Ms, Mrs, _____	Email Address:
Phone Numbers: Home: _____ Work: _____ Mobile: _____	Postal Address:
Date of Birth:	Occupation:

General Details and Interests

Car(s) owned:

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)

Legal Bits

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) _____, consent to Wellington Car Club (Incorporated) collecting the details as provided, retaining and using these details for the purpose of keeping me informed of the clubs activities and administration. I acknowledge my right to have access to this information and will advise Wellington Car Club Inc if there are any changes to the above details. This consent is given in accordance with the Privacy Act 1993.

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)

ATTACH YOUR BUSINESS CARD

**Post a cheque to PO BOX 9072 WELLINGTON or
Direct Credit ANZ WELLINGTON 01 0517 0214626 00**