



COMMODORE CAR CLUB OF NZ INC

P.O. Box 302 605, North Harbour, Auckland 1330
www.commodorecarclub.co.nz email: info@commodorecarclub.co.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 _____ FAX _____

MOB _____ OCCUPATION _____

AGE GROUP OF APPLICANT/S						
(PLEASE CIRCLE APPLICABLE AGE GROUP FOR EACH OF THE ABOVE NAME/S LISTED)						
UNDER 18	18-25	26-35	36-45	45-55	56-60	61+

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** ___/___/___

MEMBERSHIP CATEGORIES

- Single Membership \$65.00
- Family Membership \$70.00
- Country Membership \$45.00 (Applies only to North of Warkworth / South of Huntly and overseas applications)

PAYMENT ATTACHED \$ _____

This form when completed, should be sent & enclosed with payment to
The Secretary, Commodore Car Club, PO Box 302-605 North Harbour, Auckland 0751.
(Cheques should be made out to Commodore Car Club of NZ Inc)

-----**OFFICE USE ONLY**-----

Referred by _____ Member # _____ Date Received _____

President's signature _____ Assigned membership # _____