

ZEPHYR ZODIAC CLUB HAMILTON INC

MEMBERSHIP APPLICATION FORM

SURNAME:

FIRST NAME:

OCCUPATION:

ADDRESS:

TELEPHONE:

-----HOME: -----

-----WORK: -----

-----MOBILE: -----

EMAIL: -----

TYPE OF VEHICLE: _____

MARK: _____ YEAR: _____

REGISTRATION NUMBER: _____

MODIFICATIONS: _____

Subscriptions are due by the 30th of June each year:

Membership is defined as follows:

FULL SINGLE MEMBERSHIP: One person, one magazine, one vote.

FULL JOINT MEMBERSHIP: Two people living in the same household, One magazine, two votes.

FULL FAMILY MEMBERSHIP: Includes parent/s and their children under 15yrs, One magazine and one vote per financial adult.

I agree to abide by the rules of the **ZEPHYR ZODIAC CAR CLUB HAMILTON INC:**

I/we give permission for our details to be printed for club member's use only.

Yes or no (cross one out)

Signature/s: _____

Date: _____

Full Single Membership - \$55.00 = \$40.00 yearly & \$15.00 for name badge.

Full Joint Membership - \$80.00= \$50.00 yearly & \$30.00 for 2 name badges

Full Family Membership - \$55.00 x 1 Adult / \$80.00 x 2 Adults plus \$15.00 per child.

Bank A/c; Zephyr Zodiac Club Hamilton Inc. 03-1557-0091346-00 Please add name.

Membership includes Name Badge for each member. (Badge is to be worn on all club runs)

Please Return Form to:

The Treasurer or amon.fert@xtra.co.nz

Laurel Amon

20 Grace Avenue

Te Aroha 3320