

PRE 65 RACING SALOONS (INC)

Application for Membership

Surname:		First Names:			
Street Address:		Town:			
		Post Code:			
AGE GROUP :	15-20	21-25	26-35	36 -60	61+
HOME PHONE #		WORK PHONE #			
FAX #		MOBILE #			
E-MAIL ADDRESS :					
MEMBERSHIP TYPE Please Tick			FEE ENCLOSED Please Tick		
FAMILY	\$100	cash cheque	\$		
SINGLE	\$90	cash cheque	\$		

Proposed by (must be a current member):

Print:

Sign:

I agree that the information contained in this application is correct.

I agree to abide by the constitution and the rules of the Pre 65 Racing Saloons (Inc.)

I agree to abide by the rules of Pre65 Racing Saloons Series Articles and Schedule P65

Applicants signature: _____

Post: Alex Davie
89 Te Hono St
Tauranga 3112

email; adanddi@xtra.co.nz

Please pay by direct debit, email membership application form to adanddi@xtra.co.nz, with notification of payment, Snail mail accepted to the above address.

Bank account details are Westpac: 03 0418 0119930 00 Pre65 Racing Saloons Inc.