Membership Application Form

This form is designed to be filled in online, saved to your desktop and then emailed to secretary@mbop.org.nz

Name:			Date of Birth ^{1:}						
Address:									
Address:				Post Code:					
Best Contact Ph No:			Mobile Ph No: (if different)						
Email Address:									
For Family Membership – Please list partner and/or children under 18 years old:									
Partner's Name Date of Birth				Mob Ph No					
Children:									
Name		Date of Birth	Name	Date of Birth					
Name		Date of Birth	Name	Date of Birth					
Membership Type		Tick One	Paid b	у					
Under 18	\$45			Cash					
Single	\$95			Internet Banking to account number					
Family (Partners and children U18)	\$135			03-1548-0034032-00					
The Club uses text messaging to advise of events and send reminders. Are you happy to be added to this list? There is always the option to out at any time when receiving texts. YES. NO.									

Please turn over to complete

¹ Date of birth is used by MotorSport New Zealand for statistical reporting to assist with fund raising

Please give us	some informa	tion about yourself	f and how yo	น heard about the Clเ	dı
How did you hear of MotorS	port Bay of Plen	ty?			
Web Site	Word of Mo	uth Facebool	k	Googled	
Former Member	Know some	one in Club		Changing Clubs	
Other – please tell u	s:				
Do you currently have a car	you wish to com	npete in? Y	'es	No	
Would you be willing to help	out occasionally	y at Club events as:			
Marshall	Timing	Event set up etc		No, not available	
VERY IMPORTANT – Pleas	se Read and Sig	gn (a typed name in t	he signature t	block is sufficient).	
Membership year is from 1 0 half price.	Oct through to 30) Sep. <u>New</u> members	hips received fi	om April onwards will be	charged at
Renew of membership invoi alter your online membershi			•	ember each year. Please	do not
I have read and understood to be a Member of Motorspo		•	org.nz/our-club	/membership-and-forms/)	and agree
Signature:					
Many thanks for completing	this form. Pleas	se don't hesitate to call	l if you have an	y queries – contacts are:	
Secretary –	Joanne Kapua	- Txt to 022 174 3681	– Email to seci	retary@mbop.org.nz	
	We look forwa	ard to seeing you at an	event one day	soon.	
For Office Use Only:					