

THE TAURANGA MOTOR CYCLE CLUB INC

P O Box 819, Seventh Ave, Tauranga, 3140

www.taurangamcc.co.nz



2015 MEMBERSHIP APPLICATION: Season 1 February 2015 – 31 March 2016

Membership Details

Name	Telephone	Mobile
Address	DOB	Age
	Class	Bike #
E-mail	MNZ License No	Bike Make/Model

Additional Family Member covered by this membership (all must live at the same address)

Name	DOB	Age	Class	Bike #	MNZ License No	Bike Make/Model

DECLARATION

I/We hereby apply to become a member of the Tauranga Motorcycle Club Inc., and agree to abide by the constitution and rules of the club. I/We are aware that this membership runs for a 14 month period from 1 February 2015 – 31 March 2016, whereby it is then renewable for the next full membership year. The Tauranga Motorcycle Club Inc. is required to indicate reasons for acquiring this information under the Privacy Act 1993. It is a requirement in our Constitution that the Secretary and Treasurer hold a complete record of all membership under the Incorporated Societies Act under which the Tauranga Motorcycle Club is registered. The information remains confidential to the Treasurer and Secretary of the Tauranga Motorcycle Club

Signed _____
(Parent or Guardian must sign where minor under 16 years of age)

Date _____

Membership Types	Please tick box	Amount Payable
Family Membership (2 adults and up to 4 children under 17 yrs)		\$45.00
Mini Membership (4yrs – 11yrs)		\$15.00
Junior Membership (12yrs – 17yrs)		\$20.00
Senior Membership (17yrs and over)		\$30.00
TOTAL AMOUNT ENCLOSED	\$	

Cheques made payable to – Tauranga Motorcycle Club

Bank account number for online payments – 01-0434-0026048-02 (use your surname as a reference)

Either bring completed form to sign-on at any race meeting, or scan & email to acallinan@extra.co.nz or

Post membership and appropriate fee to –

Tauranga Motorcycle Club
P O Box 819
Seventh Ave
TAURANGA 3140

DO YOU WISH TO JOIN OUR COMMITTEE YES / NO

Process On:	By:	Receipt:	Card Issued	Yes / No
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