THE TAURANGA MOTOR CYCLE CLUB INC

P O Box 819, Seventh Ave, Tauranga, 3140

[www.taurangamcc.co.nz](http://www.taurangamcc.co.nz)

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| **2019 MEMBERSHIP APPLICATION: Season 1 April 2018 – 30 June 2019** |
| **Membership Details** |
| **Name** | **Telephone** | **Mobile** |
| **Address** | **DOB** | **Age** |
|  | **Class** | **Bike #** |
| **E-mail**  | **MNZ License No** | **Bike Make/Model** |

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| 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 |
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| 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 12 month period from 1 April 2018 – 30 June 2019, 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 Date

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

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| Membership Types Please tick box Amount Payable |
| **Family Membership** (2 adults and up to 4 children under 17 yrs) |  | $60.00 |
| **Mini Membership** (4yrs – 11yrs) |  | $20.00 |
| **Junior Membership** (12yrs – 17yrs) |  | $25.00 |
| **Senior Membership** (17yrs and over) |  | $40.00 |
| **TOTAL AMOUNT ENCLOSED** |  **$** |

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@xtra.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**

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