



Club Membership Application Form

Membership Details

Please complete all items in this section clearly. The Hillary Commission requires some of this information so that Motorsport New Zealand can obtain ongoing funding.

Name: _____

Full Postal Address: _____

Email Address: _____

Cell Phone: _____

Car: _____

Gender: Male Female

Age Range: Under 19 19-25 26-35 36-60 61+

Date of birth dd/mm/yyyy: _____/_____/_____

Membership Type

Please indicate the type of membership you require. Please note that all prices listed are inclusive of GST. Our GST number is 18781767.

Competitor: Holds competition license \$60.00

Junior: Under 18 years & competes \$40.00

Associate: Non competitor \$40.00

Membership Payment

Online Payment Only

Bank: Bank of New Zealand,

Account Name: Autosport Club Inc

Account number 02 0865 0124897 00.

Reference: Your Last Name

You must attach a printout of your transaction with your completed membership form and email to:

Email: brennan.sarah@xtra.co.nz

I hereby apply for membership of the Autosport Club Incorporated and agree to abide by its rules and regulations.

Signed: _____

Date: _____