



MEMBERSHIP APPLICATION 2024

1 February 2024 to 31st January 2025

New
(Please tick one)

Renewal

Surname: _____ Membership Number: _____

First Names: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____

Home Ph: _____ Mobile Ph: _____

Email: _____

For NEW members only – please indicate a proposer and seconder (must be current TCC members)

Proposer's Name: _____ Signature: _____

Seconder's Name: _____ Signature: _____

Membership Type

Single \$70

\$40 From October 1st (Single only)

Double \$80

One competing member only

Family \$90

One competing member only

Competition Number

Preferred Car/Race Number: _____

Second choice: _____

Third choice: _____

Payment (Please Circle one)

Direct Credit

Cash

For Direct Credit: Use your Surname and membership number as reference. Pay to account: 15-3942-0004244-00

NOTE: Annual membership is valid from 1st Feb to 31st Jan of the following year.

Renewals must be paid by the 1st Feb each year to retain voting or competing rights.

I hereby apply for membership of the Taranaki Car Club Inc. I have attached payment in anticipation of my membership application being accepted.

I AGREE TO ABIDE BY THE CLUB CONSTITUTION AND RULES.

I/we hereby give consent to my/our name, address, telephone number(s) and other information forming part of my/our membership details to be held by the TARANAKI CAR CLUB and to be used for the club's objectives. I/We acknowledge my/our rights to access correction of the information. This consent is given in accordance with the Privacy Act 1993.

SIGN HERE: _____

Date: _____

Send to: Membership, Taranaki Car Club, PO Box 704, New Plymouth 4340
or email to: membership@taranakicarclub.org.nz

Received:
Email / Mail / Phone