



APPLICATION FOR MEMBERSHIP

Year 1 July 2011 to 30 June 2012

*** PLEASE FILL IN ALL DETAILS ***

Name: Date of Birth:

Address:

..... Postcode:

Home Phone: Mobile Phone:

Fax No: Occupation:

Email address:

CLASS OF MEMBERSHIP:

- Junior** (under 16 years of age, as at 1 July 2011) \$ 10.00
 - Senior** (16 years of age and over, as at 1 July 2011) \$ 20.00
 - Family** (up to 2 adults and 2 children under 16 years of age) \$ 30.00
- Plus \$5 each** for any additional children under 16 years of age \$

For family membership specify names and date of birth:

Name: D.O.B

Name: D.O.B

Name: D.O.B

Name: D.O.B

Name: D.O.B

TOTAL \$ _____

SELECT ONE:

- Renewal:** I was member in the previous membership year, ending 30 June 2011.
- New Member:** Please note your application will be put forward to the next monthly committee meeting for consideration.

Applicant's Signature:
(Parent/guardian to sign if a Junior Membership)

PAYMENT (select one):

- Cheque:** payable to Horowhenua Motorcycle Club Inc (or **cash** at your risk), please return with the completed application form to HMCC, PO Box 332, Waikanae 5250
- Bank Deposit:** to account 03-0667-0272290-00 Please post or email application form.
So we can identify your payment please advise: Date of payment
Name of payee account..... Reference used

QUESTIONS? Please contact Maree 04 904 9800 or email hmcc@kol.co.nz