



APPLICATION FOR MEMBERSHIP

Year 1 August 2018 to 31 July 2019

PLEASE FILL IN *ALL* DETAILS

Name: Date of Birth:

Postal Address:

..... Postcode:

Home Phone: Mobile Phone:

Email address:

CLASS OF MEMBERSHIP:

- Junior** (under 16 years of age) \$ 5.00
 - Senior** (16 years of age and over) \$ 15.00
 - Family** (up to 2 adults and 2 children under 16 years of age) \$ 20.00
- 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 31 July 2018.
- New Member:** Please note your application will be put forward to the next monthly committee meeting for consideration.

Applicant's Signature:
(Parent/guardian please sign if this is for a Junior Membership)

PAYMENT: may be made by **cheque** (payable to Horowhenua Motorcycle Club, **cash** (your risk) or **bank deposit** to our Westpac account 03-0667-0272290-000 (please advise date of deposit and post or scan/email this application form to us).

PLEASE POST FORM TO: HMCC, PO Box 332, Waikanae 5250