

NORTH ISLAND CLUB SUBSCRIPTION
2009 – 2010 SEASON



DATE: _____ DATE OF BIRTH: _____
(Required for Motorsport New Zealand Statistical Information)

NAME: _____

ADDRESS: _____

TELEPHONE/FASCIMILE: Home _____ Work _____
Mobile _____ Fax _____
Email Address _____

Please fill in Sponsors Names, Services & Contact Details on page two.

SUBSCRIPTION

New Driving Member: Joining Fee \$ 20.00* Subscription \$ 160.00 **TOTAL \$ 180.00**

Existing Driving Member: Joining Fee NIL Subscription \$ 160.00 **TOTAL \$ 160.00**

Supporting Member *:** Joining Fee NIL Subscription \$ 30.00 **TOTAL \$ 30.00**

** Existing or previous members are not required to pay a joining fee, but must complete all of the above details.

*** The Supporting membership does not entitle the member to voting rights at any Annual General Meeting or Special General Meeting.
The supporting membership does not entitle the right to compete in the North Island Championship. If you wish to compete as a supporting member, you must pay a full race membership.

**Payment is due immediately. Upon receipt of payment, membership will be valid until 30 June 2010.
Make sure you also send in an application for your Race number and include the \$15 payment.**

Please indicate your membership type and Class:

Class: HQ HOLDEN SUPER SIX
Type: DRIVING MEMBERSHIP SUPPORTING MEMBERSHIP

Cheques payable to "SCRANZ"

Please post to : The Secretary,
SCRANZ
PO Box 90981
Victoria Street West, Auckland 1142

I DO / DO NOT wish for my name, contact number and area to be included on a database which will be available online for all financial members to view. (Delete that which does not apply)

OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT RECEIVED: \$ _____
MEMBERSHIP NO.: _____ MEMBERSHIP CARD ETC. SENT: _____



SPONSOR DETAILS

Sponsor Name _____

Services Provided _____

Contact Person _____

Address _____

Phone Numbers _____

Sponsor Name _____

Services Provided _____

Contact Person _____

Address _____

Phone Numbers _____

Sponsor Name _____

Services Provided _____

Contact Person _____

Address _____

Phone Numbers _____

