

DANNEVIRKE CAR CLUB (INCORPORATED)
P O BOX 74
DANNEVIRKE

MEMBERSHIP APPLICATION FORM

NAME: Mr/Mrs/Ms/Miss/Dr _____
Christian Surname
(PLEASE PRINT NAME IN FULL)

ADDRESS: _____

AGE BRACKET: -18; 18 – 25; 26 - 35; 36 – 60; 61+ (Please circle one)

PHONE: (Home) _____ FAX NO: _____

CELL PHONE: _____

EMAIL: _____

MAKE & MODEL OF VEHICLE: _____

YEAR: _____ CC: _____ STANDARD OR MODIFIED: _____

COMPETITION LICENCE: _____
Number Race/Rally/ClubSport Grade

PLEASE INDICATE THE CLUB ACTIVITIES THAT YOU WOULD LIKE TO PARTICIPATE IN OR HELP AT:

MOTORKHANAS HILLCLIMBS	AUTOCROSS SPRINTS (Gravel or Seal)	SOCIAL RALLYSPRINTS
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How would you like to receive notice of events: Email Phone Website

SUBSCRIPTIONS: \$35.00 SINGLE \$45.00 FAMILY

Subscriptions are due on 1 July of each year

CONSENT UNDER THE PRIVACY ACT 1993

I, _____ (Print Your Name in Full)

Consent to the Dannevirke Car Club (Incorporated) collecting the details as provided, retaining and using these details for the purpose of keeping me informed of the Clubs activities and administration. I acknowledge my right to have access to this information and will advise the Dannevirke Car Club (Incorporated) if there are any changes to the above details. This consent is given in accordance with the Privacy Act 1993.

I hereby make formal application to join the Dannevirke Car Club (Incorporated) and in doing so do declare that if accepted, I will abide by the Constitution of the Club and any amendments.

Signature of Applicant _____ Date: _____

Secretary/Treasurer use only

Membership Number: _____ Date Paid: _____

Receipt Number: _____ Cash / Cheque / Direct Credit

\$ _____ Date Card Issued: _____