## THE HISTORIC VEHICLE AUTHORITY OF NEW ZEALAND

THE VINTAGE CAR CLUB OF NEW ZEALAND (INC.)



## APPLICATION FOR MEMBERSHIP/JOINT MEMBERSHIP

PROSPECTIVE NEW MEMBERS: Membership acceptance is subject to approval of the National Executive of the Vintage Car Club of NZ (Inc.) at its next meeting (March, August).

Surname Mr/Mrs/Ms/Miss	rs adding a joint member, please writ		per)
Birthdate JOINT MEMBER(s)			
Surname Mr/Mrs/Ms/Miss		First Names	
Birthdate (Must be inc	luded if under 22)		
Relationship to Full Member - Partner (Please refer to the Constitution for joint criteria.)			
OR			
JUNIOR MEMBER Surname Mr/Mrs/Ms/Miss		First Names	
	OMPULSORY)		
ADDRESS FOR CORRESPONDENCE		STREET ADDRESS	(if different)
Street:		Street:	
Suburb:		Suburb:	
	Post Code		Post Code
	k ( ) Fax		
Details of <u>Club acceptable</u> vehicles:	· /		
	I Roadworthy/R-Restored and roadworth	hy/U-Undergoing restoration/S-Stored	/unrestored/ P-Parts/N-New
(Attach a list if preferred)	,	, <u> </u>	20.00
Make:	Make:	Make:	Make:
Year:	Year:	Year:	Year:
Model:	Model:	Model:	Model:
Body Style:	Body Style:	Body Style:	Body Style:
Condition: O R U S P N	Condition: O R U S P N	Condition: O R U S P N	Condition: O R U S P N
Registration #	Registration #	Registration #	Registration #
Chassis #:	Chassis #:		Chassis #:
Engine #:	Engine #:		Engine #:
in every way and to be bound and abid Applicant's Signature	ke application to join the Vintage Car C de by its rules.	Club of New Zealand (Inc.) and do agr	ree to further the objects of the Club
Applicant's Signature Proposer Name	M'Ship Number	Signatura	
PLEASE PRINT	Wi Ship Number	Signature _	
Seconder NamePLEASE PRINT	M'Ship Number	Signature _	
When complete forward together with	n fees of		
To the Branch Secretary, P.O. Box			
AFTER APPROVAL THE APPLICATIO WILL FOLLOW	N WILL BE FORWARDED ON TO THE N	NATIONAL OFFICE. CONFIRMATION (	OF YOUR MEMBERSHIP DETAILS
sector, address cross referencing by	CIVACY ACT ence, compiling of membership lists, concept Vero Insurance. <i>Please Note:</i> No sinformation, which means your name encounter that the state of the sta	ignature reflects your APPROVAL to	o allow your information be made
I/We agree to have personal informati	on made available:		
FULL MEMBER	JOINT MEMBER	JUNIOR MEMI	BER
I/We wish to suppress my personal in:	formation for all but Club administratio	on purposes:	
FULL MEMBER	JOINT MEMBER	JUNIOR MEMI	BER
FOR BRANCH INFORMATION Please circle any areas of motoring or Veteran Post War Motorcyo Commercial Rallying		ring Speed Events Vintage	e Post 1966 c Race Vehicles

Other

PASSED BY BRANCH SECRETARY				
SECRETARY'S SIGNATURE	Branch	Date		
SECRETARY - FORWARD WITH PAYMENT RETURNED FOR YOUR RECORDS.	T TO THE NATIONAL OFFICE, P.O. BOX 2546, CHRISTC	HURCH. WHEN PROCESSED, THE FORM WILL BE		
OFFICE USE				
MEMBER DETAILS  Member No	Joint:  Joining Fee:  GST:  SUBTOTAL:	Joint:		
_	TION MUST BE SENT TO ALONG WITH THE RELI APPROVAL			
Branch contact details are updated on the Clubs Website at www.vcc.org.nz				
The Club can accept Visa and Mastercard however there is a 3% bank fee on all credit card payments:				
Name on Card:				
Credit Card Number:				
Expiry Date:				

Signature: