| Casourrection | SOUTH CANTERBURY CAR CLUB (Inc.) P.0 Box 4008 Timaru Phone 03 614 7514 E Mail sccarclub.operations@xtra.co.nz APPLICATION FOR MEMBERSHIP |
|------------------------|--|
| Date | |
| Name | Date of Birth |
| Address | |
| Telephone No's: (Hom | ne) (Cell) |
| E Mail | |
| Occupation | |
| | e constitution of the SOUTH CANTERBURY CAR CLUB (INC) and agree to compete in events npetition Rules of Motorsport New Zealand and the sporting code of the F.I.A |
| Signed | |
| I consent to being | a member of the South Canterbury Car Club Inc. |
| To be completed if pro | ospective member is aged under 16 years. |
| | , I consent to them being a member of |
| the South canterbury | Car Club. |
| Signed | Parent/Guardian |
| Competing Member | |
| | 2k) Expiry Date Amount \$ |

South Canterbury Car Club Bank Details for Direct Credit Westpac 03 0887 0175935 00

(For Bank Deposits: please use Surname, First Initial and the word Sub's as a Reference.)