



P.O. Box 99 Cromwell

Membership Application 2011/2012 Season

Please return via post prior to first practice day

Any questions please phone or email Andrea Symons 0272291162, yakandandy@clear.net.nz

Name: _____

Address: _____

Postcode: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

Car type: _____ Number: _____

Transmitter no: _____ Class: _____

Membership type: DRIVER \$100 YOUTH \$50.00 FAMILY \$150.00 SOCIAL \$60.00

(circle)

Date: _____ Signed: _____

A family membership may include 2 adults and 3 children (under the age of 16years). Names of family members must be listed on this form for membership cards to be issued. Please write additional names on back of form.

Next of Kin/Emergency Contact:

Name: _____ Phone: _____

Relationship to you: _____

Would you like your correspondence via email or by post? _____

NOTE: If applying for a closed social membership – this needs to be passed by the committee before being accepted.

OFFICE USE ONLY

Date: _____ Amount received: _____ Receipt Number: _____

Membership card issued : _____ Membership Type: _____