



C/- The Secretary, Selwyn Duthie
6 Adrian Street, Stratford, 4332.
Phone 06 – 7658108, mobile 027 - 4536223
E-Mail selwyn.kim@xtra.co.nz Club Web site http://www.trccc.org.nz

Application for TRCCC Membership.

TRCCC section. Please fill out this top section and return to the Secretary, postal details as above, cut off and retain the bottom section for your own records.

(Required Fields) Date; _____

Name; _____

Address; _____

Postal code; _____

TRCCC correspondence will be emailed out in the future unless you require it sent to this address, if this is required please indicate _____

Home/Cell Phone; _____

Email address; _____

Occupation; _____

I the undersigned agree to help TRCCC in any way I can and will abide by the rules of the TRCCC and agree that if I act in a way that would or could bring the TRCCC into disrepute TRCCC have the right to suspend my membership.

Signed: _____

Membership payment, Adults \$40, Students \$25, Associate \$5, Family \$65
Definition of "Family": max 2 adults and any number of immediate family members who must be 18 years of age or under; all must live at the same address. This will be at the Committees discretion. All names to be submitted at time of payment.

Payment; Membership \$_____ Donation \$_____ Total \$_____

please tick where appropriate;

Cash ___ Cheque ___ If so who was given the funds? _____

Bank Deposit into TRCCC account ___ 15-3944-0103035-00 with TSB Bank, if this option is chosen please use your surname as reference and email the Club Secretary to notify the Club.

Receipt given: yes ___ no ___



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New TRCCC member section. Please fill out this top section and return to the Secretary, postal details as above, please cut off retain the bottom section for yourself.

Date; _____

TRCCC thanks you for your membership; we look forward to seeing you at a race track soon.

Payment made, yes ___ no ___. If so who has collected the funds? _____.

Receipt given: yes ___ no ___.