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).

FULL MEMBER (Existing members adding a joint member, please write your name and membership number)

Surname	Mr/Mrs/Ms/Miss		First Names	
IOINT MI	Birthdate			
JOINT MEMBER(s) Surname Mr/Mrs/Mss		First Names		
	Birthdate (Must be included if under 22)			
	p to Full Member - Partne the Constitution for joint criteria.) MEMBER Mr/Mrs/Ms/Miss			
Sumane		OMPULSORY)	Inst Names	
ADDRESS FO	R CORRESPONDENCE		STREET ADDRES	SS (if different)
Street:			Street:	
Suburb:			Suburb:	
City:		Post Code	City:	Post Code
		k () Fa		
Details of <u>C</u>	Club acceptable vehicles:			
CONDITIC	ON TYPES O-Original and	l Roadworthy/R-Restored and roadwort	hy/U-Undergoing restoration/S-Store	d/unrestored/ P-Parts/N-New
(Attach a l	list if preferred)	-		
	· · ·	Make:	Make:	Make:
		Year:	Year:	
		Model:	Model:	
	:	Body Style:	Body Style:	
•••	ORUSPN	Condition: O R U S P N	Condition: O R U S P N	
	n #	Registration #	Registration #	
		Chassis #:	Chassis #:	•
		Engine #:	Engine #:	
	VIC	Prior VCC VIC	Prior VCC VIC	•
I/We, the u		ke application to join the Vintage Car (Club of New Zealand (Inc.) and do a	gree to further the objects of the Club
Applicant's	Signature			
Applicant's	Signature			
	ame	M'Ship Number	Signature	
PLEASE P			C	
Seconder N PLEASE Pl		M'Ship Number	Signature	
When comp	plete forward together with	n fees of		
		N WILL BE FORWARDED ON TO THE N	NATIONAL OFFICE. CONFIRMATION	OF YOUR MEMBERSHIP DETAILS
For the pur sector, add available.	ress cross referencing by	EIVACY ACT ence, compiling of membership lists, c Vero Insurance. <i>Please Note:</i> No s nformation, which means your name	ignature reflects your APPROVAL	to allow your information be made
I/We agree	e to have personal inform	ation made available:		
]	FULL MEMBER	JOINT MEMBER	JUNIOR MEN	//BER
I/We wish	to <u>suppress</u> my personal	information for all but Club adminis	tration purposes:	
	FULL MEMBER	JOINT MEMBER	JUNIOR MEN	 MBER
	NCH INFORMATION			
		e activity in which you are interested or cle One marque Restor		ge Post 19

BRANCH SECRETARIES PLEASE COMPLETE THE REVERSE:

Post Vintage

Military

Historic Race Vehicles

Commercial

Other

Rallying

History

PASSED BY BRANCH SECRETARY				
BranchBranch		Date		
SECRETARY - FORWARD WITH PAYMENT TO THE NATIONAL OFFICE, P.O. BOX 2546, CHRISTCHURCH. WHEN PROCESSED, THE FORM WILL BE RETURNED FOR YOUR RECORDS.				
OFFICE USE				
MEMBER DETAILS	PAYMENT DETAILS			
Member No	Head Office:	Branch:		
Branch No	Joint:	Joint:		
Expiry Date:	Joining Fee:	Joining Fee:		
Processed Date:	GST:	GST:		
	SUBTOTAL:	SUBTOTAL		
	TOTAL:			

THIS APPLICATION MUST BE SENT TO THE BRANCH YOU WISH TO JOIN, ALONG WITH THE RELEVANT FEES, FOR 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:				

BRANCH TO CONFIRM QUOTED PAYMENT PRE 3% FEE, WHEN PAYING BY CREDIT CARD

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