## 

If a double or family membership, please enter the full name of each person. If under 25 years of age, their date of birth must be entered per the MSNZ Levy Requirement.

By signing, you agree to abide by all the rules and regulations of the Pukekohe Car Club Inc. and those governing Motorsport in New Zealand.

Τ/					
•	full name			signature	
	Gender: M/F Age Group: 25-35	36-60	61+	Date of Birth (if < 25):	
	Cellphone:Email A	Address:			
2/					
	full name			signature	
	Gender: M/F Age Group: 25-35	36-60	61+	Date of Birth (if < 25):	
	Cellphone:Email A	Address:			
3/				_ M/F	
	full name of dependant			gender	date of birth
4/				M/ F	
	full name of dependant			gender	date of birth
Postal Address:					
I wish to receive club updates by email					

## PAYMENT METHODS:

1/

☐ Internet Banking -123031001464400 (Please insert last name as reference) ☐ Cash ☐ Cheque

Please post your completed membership form to: PCC Memberships, PO Box 174, Pukekohe.

## **PCC NOTE TO MEMBERS:**

Please remember, the strength of the club isonly as strong as the members itserves. You may be contacted onoccasion regarding assisting atclubevents or functions. Club point allocations depend on your attendance at, at least one event to which you are not entered. It's agreat way to get involved in the other side of motors portand without your assistance, these events would not take place.