

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 _____
Birthdate _____

JOINT MEMBER(s)

Surname Mr/Mrs/Ms/Miss First Names _____
Birthdate (Must be included if under 22) _____

Relationship to Full Member - Partner/Son/Daughter/Other _____
(Please refer to the Constitution for joint criteria.)

ADDRESS FOR CORRESPONDENCE STREET ADDRESS (if different)
Street: _____ Street: _____
Suburb: _____ Suburb: _____
City: _____ Post Code _____ City: _____ Post Code _____
Home () _____ Work () _____ Fax () _____ Email _____

Details of **Club acceptable** vehicles:

CONDITION TYPES O - Original and Roadworthy, R-Restored and roadworthy; U-Undergoing restoration; S- stored/unrestored; P- parts only,
(Attach a list if preferred)

Make: _____	Make: _____	Make: _____	Make: _____
Year: _____	Year: _____	Year: _____	Year: _____
Model: _____	Model: _____	Model: _____	Model: _____
Body Style: _____	Body Style: _____	Body Style: _____	Body Style: _____
Condition: <u>O R U S P</u>	Condition: <u>O R U S P</u>	Condition: <u>O R U S P</u>	Condition: <u>O R U S P</u>
Registration # _____	Registration # _____	Registration # _____	Registration # _____
Chassis #: _____	Chassis #: _____	Chassis #: _____	Chassis #: _____
Engine #: _____	Engine #: _____	Engine #: _____	Engine #: _____

I/We, the undersigned, do hereby make application to join the Vintage Car Club of New Zealand (Inc.) and do agree to further the objects of the Club in every way and to be bound and abide by its rules.

Applicant's Signature _____

Applicant's Signature _____

Proposer Name _____ M'Ship Number _____ Signature _____
PLEASE PRINT

Seconder Name _____ M'Ship Number _____ Signature _____
PLEASE PRINT

When complete forward together with fees of _____

To the Branch Secretary, P.O. Box _____

AFTER APPROVAL THE APPLICATION WILL BE FORWARDED ON TO THE NATIONAL OFFICE. CONFIRMATION OF YOUR MEMBERSHIP DETAILS WILL FOLLOW

CLUB CORRESPONDENCE – PRIVACY ACT

For the purpose of Club correspondence, compiling of membership lists, contact by similar interest enthusiasts, screened access to the commercial sector, address cross referencing by Vero Insurance. **Please Note:** No signature reflects your APPROVAL to allow your information be made available. Suppression is of ALL information, which means your name etc will NOT appear on any membership lists. All information used for administration purposes.

I/We agree to have personal information made available:

_____ FULL MEMBER _____ JOINT MEMBER

I/We wish to suppress my personal information for all but Club administration purposes:

_____ FULL MEMBER _____ JOINT MEMBER

FOR BRANCH INFORMATION

Please circle any areas of motoring or activity in which you are interested or would like to develop an interest.

Veteran Post War Motorcycle One marque Restoring Speed Events Vintage Post 1960
Commercial Rallying History Post Vintage Military Historic Race Vehicles
Other _____

BRANCH SECRETARIES PLEASE COMPLETE THE REVERSE:

PASSED BY BRANCH SECRETARY

..... Branch..... Date.....

SECRETARY'S SIGNATURE

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

Member No.
Branch No.....
Expiry Date:.....
Processed Date:.....

PAYMENT DETAILS

Head Office:.....	Branch:.....
Joint:.....	Joint:
Joining Fee:	Joining Fee:
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