

New Membership Application Form

This form is designed to be filled in online, saved to your desktop and then emailed to membership@mbop.org.nz

Name:

Date of Birth¹:

Address:

Address:

Post Code:

Best Contact Ph No:

Mobile Ph No: (if different)

Email Address:

For Family Membership – Please list partner and/or children under 18 years old:

Partner's Name

Date of Birth

Mob Ph No

Children:

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Membership Type

Tick One

Paid by

Under 18

\$45

Cash

Single

\$95

Internet Banking to account number
03-1548-0034032-00

Family (Partners and
children U18)

\$135

The Club uses text messaging to advise of events and send reminders.

Are you happy to be added to this list?

There is always the option to opt out at any time when receiving texts.

YES

NO

Please turn over to complete

¹ Date of birth is used by MotorSport New Zealand for statistical reporting to assist with fund raising

Please give us some information about yourself and how you heard about the Club

How did you hear of MotorSport Bay of Plenty?

- Web Site Word of Mouth Facebook Googled
- Former Member Know someone in Club Changing Clubs
- Other – please tell us:

Do you currently have a car you wish to compete in? Yes No

Would you be willing to help out occasionally at Club events as:

- Marshall Timing Event set up etc No, not available

VERY IMPORTANT – Please Read and Sign (a typed name in the signature block is sufficient).

Membership year is from 1 Oct through to 30 Sep. New memberships received from April onwards will be charged at half price.

I have read and understood the Rules of the Club (found at [MEMBERSHIP - MOTORSPORT BAY OF PLENTY INC \(mbop.org.nz\)](http://MEMBERSHIP - MOTORSPORT BAY OF PLENTY INC (mbop.org.nz))) and agree to be a Member of Motorsport Bay of Plenty Inc.

Signature:

Many thanks for completing this form. Please don't hesitate to call if you have any queries – contacts are:

Membership Secretary – Viv – Txt to 021456865 – Email to membership@mbop.org.nz

We look forward to seeing you at an event one day soon.

For Office Use Only:

Date Received *DB* *Email:*..... *Txt* *Card*

XL *Letter* *Membership No*