CITY OF SAILS ROCK N ROLL REVIVAL CLUB INC.

P.O. Box 82-242 | Highland Park | Auckland 2143

MEMBERSHIP APPLICATION FORM

Please complete all sections of this form and post to the Club Secretary at the above address

NEW RENEWAL PLEASE PRINT CLEARLY DATE:						
First Adult / Jun	sior: Second Adult	Second Adult:		Children (write additional children on the back of this form)		
SURNAME	SURNAME		SURNAME			
First Name	First Name		First Name			
D.O.B	D.O.B		D.O.B			
Postal Address	Postal Address					
(Including post Code)	(Including		SURNAME			
	post Code)		First Name			
Home Ph.	Home Ph.		D.O.B			
Work Ph.	Work Ph.					
Mobile	Mobile		SURNAME			
E-Mail	E-Mail		First Name			
Signature	Signature		D.O.B			
Signature	Signature					
Please Select Membership Type:						
FAMILY				Tick	Fee	
Two adults plus children under 18 years of age (2 membership cards, 1 newsletter)					\$40.00	
DOUBLE						
Two adults (1 membership card, 1 newsletter)					\$35.00	
SINGLE						
One adult (1 membership card, 1 newsletter)					\$30.00	
JUNIOR						
One child or student 17 years or under (no newsletter)					\$15.00	
Bank account details for direct credit: 12 – 3089 – 0111770 - 00						
As of 1 st September 2011 we will no longer be posting paper copies of the newsletter* Alink to the newsletter will be emailed to the address/s provided on this form. *If you do not have an email account or internet access, please notify the Club Secretary so we can make alternative arrangements.						
All memberships are for 12 months from the date of joining and include the Adult \$4.25 or Junior \$1.60 Association Levy. By applying for membership you must agree to abide by the rules of this Club. A copy of the Constitution is available from Club Secretary. As per our constitution, members will be approved on by the committee.						
Committee use only:						
Receipt No.		Card Issued:			_	
Date:		Membership Expiry:				

www.cityofsails.org.nz

