



*Sports Car Club
of New Zealand*

PO Box 100917
NORTH SHORE
AUCKLAND 0745

**APPLICATION FOR MEMBERSHIP OF
THE SPORTS CAR CLUB OF NEW ZEALAND INC**

Once complete please return this form via email to sccnzsecretary@outlook.com or post to:
SCCNZ PO Box 100917, North Shore, Auckland 0745.

Membership is \$50 per year and Family Membership is an additional \$30 per family member

Direct Credit payment to 02-0264-0203987-00, please include your name as payment reference

Full Name of Applicant:

Name you would like to be addressed by:

Postal Address:

Post code:

Phone:

E-mail:

Occupation (optional):

Date of Birth:

Next of Kin:

Next of Kin phone:

Sports or GT vehicle currently owned/building/restoring:

If you are applying for Family Membership/s **as well as your Full or Associate membership** (see Club Constitution Section 5), please provide names of family members to which this applies and dates of birth.

The Club magazine "Sports Car Talk" is published quarterly and is distributed via email or paper copy.
Please indicate your preference:

UNDERTAKING

I agree to abide by the Rules and Regulations laid down in the Constitution of the Sports Car Club of New Zealand Inc (hereinafter referred to as "the Club"). I further agree to abide by and obey any orders or directions given to me by any elected member of the Committee of the Club, its officials or their representatives, in respect of the Rules and Regulations of the Club.

Should any dispute arise between myself and the Club, its officials or their representatives. I will bring it in the first instance, to the attention of the Committee of the Club.

APPLICATION OF THE PRIVACY ACT 1993

Information on this application form is collected by the Sports Car Club of New Zealand Inc, for the purposes of providing statutory information to the Registrar of Incorporated Societies and for Club event registration. The Club is also required to disclose statistical information from this application to MotorSport New Zealand Incorporated and will also retain and use information from this application for the purpose of maintaining a Club mailing list.

From time to time, the Club publishes results and articles online, do you wish to be omitted from these:

I acknowledge my right under the Privacy Act 1993 to the access and correction of this information.

Signature of Applicant:

Name:

Date of application:

Please give a brief outline of what you expect from the Club and the type of event you would be most interested in. Also what you could offer the Club (help at events, social, technical, etc.)

FOR OFFICIAL USE:

Membership Fee: Full or Associate @ \$50.00/member. Family @ \$30.00/family member.

Cash/Cheque/DC Club No/s AllocatedMembership class/s..... Card despatched.....