

Pre65 Racing Saloons Inc

Application for Membership

Surname:	First Names:
Street Address:	Town:
Phone Home:	Phone Work:
Fax:	Mobile:
Email:	
Membership Type: Single: <input type="checkbox"/> Family: <input type="checkbox"/>	Fee Enclosed: Cash: \$ <input type="checkbox"/> Cheque: <input type="checkbox"/>
Proposed by: The Committee, Pre65 Racing Saloons Inc	
Print:	Sign:

I agree that the information contained in this application is correct.

I agree to abide by the constitution and rules of the Pre65 Racing Saloons Inc.

I agree to abide by the rules of any series articles.

Applicants Signature:

Send to: The Treasurer, Noeline Hobman, 46 Puriri Street, Gonville, Wanganui 4501