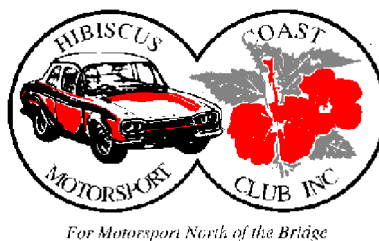


HIBISCUS COAST MOTORSPORT CLUB INC

PO BOX 100 597

NORTH SHORE MAIL CENTRE



APPLICATION FOR MEMBERSHIP / RENEWAL

Please print clearly

Name	Age	Sex	Mobile
		M / F	
		M / F	
		M / F	
		M / F	
Address			
Home Phone		Business	
Occupation		Email	
Application: New/Renewal		Volunteer to help at events: Yes/No	

I agree to observe all the rules and by-laws of the club at present in force and as may be adopted from time to time.

I agree that all club activities I compete in are at my own risk and will not hold the Hibiscus Coast Motorsport Club Incorporated or Motorsport New Zealand (Inc) responsible for any misadventure that I may incur.

If this application is not successful, the enclosed sum will be refunded in full.

In anticipation of my application being accepted. I enclose the sum of

\$70.00 being my family subscription for 12 months (April-March)

OR \$60.00 being my single subscription for 12 months (April-March)

OR \$45.00 being my subscription for a secondary school student (Photo ID Enclosed)

Applicant Signature _____ Date _____

All information supplied will be used by the Hibiscus Coast Motorsport Club Inc and it's associated committee for club purposes only.