

Classic Motoring Society of Nelson Inc

MEMBERSHIP APPLICATION

(Please complete all details in BLOCK letters)

SURNAME:- _____ **FIRST NAME:-** _____

PARTNERS NAME:- _____

ADDRESS:- _____

PHONE:- _____

E-MAIL ADDRESS:- _____

VEHICLES:- _____

I consent to my name and address forming part of the membership list and being disclosed to other members and/or potential sponsors of the Classic Motoring Society of Nelson Inc.

SIGNATURE:- _____ **DATE:-** _____

Are you willing to print your own bulletin from the web site Yes / No

Subscription by Cheque / Bank Deposit made on _____ (Cross one out)

When making a bank deposit for your fees, please use your Surname and Initials as reference and post your application form to the Treasurer as soon as possible so they can get all the details correct to send you information about the club.

ASB – Nelson 12 - 3165 – 0158467 - 00

Please return the application form along with the annual subscription of \$20.00 single or \$25.00 double

**The Treasurer
Classic Motoring Society of Nelson Inc
PO Box 2416
Stoke
NELSON 7041**