

# Membership Application

Peninsula Tramping Club  
PO Box 13258  
Armagh  
CHRISTCHURCH 8141

I/We wish to apply for membership of the Peninsula Tramping Club.

Names(s)	Family members - please include names of all family members and ages of children.		
Address	Street/ PO Box		
	Suburb		
	Town/city		Postcode
Phone	Home	Mobile	
	E-mail		

## I/We have done the required two days tramping with PTC

	Date	Trip name	Trip Leader	Leader's signature
1				
2				

## Subscriptions

Membership subscription with hardcopy newsletter; OR	\$40	
Membership subscription with electronic newsletter only	\$30	
<b>Total</b>		

Choose one membership option

\$10 discount for receiving "Footnotes" electronically only (no paper copy)

I prefer to pay directly to Kiwibank a/c: 38 9015 0030334 00 [ ]

**Please put your name as a reference**

Do you want your contact information to be **excluded** from a list distributed to all members?

**Tick the appropriate boxes**

Your phone number [ ]	Your mobile number [ ]	Your e-mail address [ ]
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**I agree to abide by the Clubs rules.**

Applicant's signature	Date:
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