

GOLD COAST MOTOCROSS CLUB INC

MEMBERSHIP FORM 2017 (1st March 2017 to 28 February 2018)

PO Box 137
Waikanae

www.goldcoastmotocross.co.nz

SURNAME:

FIRST NAME:

ADDRESS:

POST CODE:

PHONE NO: **CELLPHONE NO:**

EMAIL ADDRESS FOR NEWSLETTERS UPDATES:

(please print clearly)

ARE YOU ABLE TO ASSIST WITH WORKING BEES? YES / NO

FOR FAMILY MEMBERSHIP, PLEASE LIST OTHER RIDERS & AGE/CLASS

	NAME	AGE	CLASS
Rider 1:
Rider 2:
Rider 3:
Rider 4:
Rider 5:

- SUBS (Circle one)** Family \$40 (Juniors under 17/Minis + Parent)
(Unchanged for the last 5 years)
- Senior \$35
- Junior \$25 (Under 17 years)
- Mini \$20

Membership is valid for 12 months from 1st March 2016 to 28 February 2017.

By signing this membership application, I accept that I and my family/supporters will abide by the rules and regulations of the Gold Coast Motocross Club Inc and Motorcycling New Zealand

Signed:

Date:

Internet Banking. For payments by Internet Banking, please make payments to:

Gold Coast Motocross Club Inc BNZ Levin. Account 02
0668 0240047 00

For all payments, please put your surname and membership type (Mini, Junior, Senior, Family) as the reference.

Please print and attach a copy of the payment confirmation with this form, or send via email to shane.ross@wildstrait.com.