



Club Membership Form

Name _____

Postal Address _____ Postcode _____

Phone _____ Mobile _____

Email _____

DOB ____/____/____ (dd/mm/yyyy)
(required for Motorsport NZ returns)

OR circle Age Group
U19 19-25 26-35 36-60 61+

Gender Male / Female

Can we contact you by (tick for yes):
Text Email

Please check if you do not wish this info to be on the Club Member Directory

Club Membership standard \$ 50.00

Junior (Under 19 yrs) \$ 30.00

I agree to abide by all club rules as determined in the constitution & the Bylaws of the
Central Otago Motorsport Club Inc.
(copy available on request)

Signed: _____ Date ____/____/____

Fees can be paid into SBS 03 1355 0685023 00 (name in ref)
OR a cheque made out to Central Otago Motorsport Club Inc.
and posted to:
COMC, PO Box 76, CROMWELL 9342

web: www.centralotagomotorsport.org.nz
facebook: www.facebook.com/centralotagomotorsportclub
email: info@centralotagomotorsport.org.nz