**New Zealand Military Vehicle Club Inc.**

 **Membership Application Form**



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| **First Name** |  | **Last Name** |  |
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| **Please enter the names of your spouse/partner and children under 18 years** |
| **Name** |  | **Name** |  |
| **Name** |  | **Name** |  |
|  |
| **Postal Address** |  | **Mobile** |  |
|  **Postcode** |  |  |  |
|  | **Landline** |  |
|  |  |  |
|  | **Email** |  |

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| **Military Vehicles** (NB: Ownership of a military vehicle is not required to become a member of the Club) |
| **Year** | **Make** | **Model** |  | **Army Number** | **Condition\*** |
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*\*Original, Restored, Rebuilt, Under Restoration*

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| **Nominator** |
| Please provide the name of a current NZMVC member who will nominate your application.If you do not know a member, please contact your local Area Representative. You can find their contact details at http://nzmvc.org.nz/local-branches-list/**Nominator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Authorisation** |
| **Your Name: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Membership Fees** |
| The annual membership fee is **$35.00** which includes an *e-copy* of the monthly Club Bulletin sent to your email addressIf you wish to receive *paper copies* of the Bulletin, there is an additional **$15.00** fee **Please note that the subscription year runs from 1st June to 31st May the following year**For registrations between 1st January and 31st March, the fee is **$17.50** plus an additional **$7.50** for the paper BulletinsFull fees are payable for registrations between 1st April and 30th May as your membership will roll over into the following year |

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| **Payment** |
| Please pay fees into **NZMVC Inc.** using your surname and initial(s) as the reference**BNZ 02-0700-0119694-000****Amount paid:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Method:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Form Submission** |
| Please email the completed form to **membership@nzmvc.org.nz**or post the form with a crossed cheque to:**The Membership Officer, 32 Turenne Street, GISBORNE 4010**A membership pack will be sent to you on receipt of your completed form and payment. |

**Admin Only**

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| **Membership Application** |
| **Application received** [ ]  **Funds received** [ ]  **Data entry complete** [ ]  **Added to mailing list** [ ]  |
| **Nominator:** |
| **Branch:** |