



Membership Form

NAME OF APPLICANT:

ADDRESS:

OCCUPATION:

TELEPHONE: **EMAIL:**

MEMBERSHIP: Will be by application for nomination with the name to go forward at the next monthly meeting for consideration by those present. If accepted, the nominee will be eligible for membership at the following monthly meeting.

Family Membership: \$50.00

LIST BELOW DETAILS OF VINTAGE MACHINERY, ETC THAT YOU HAVE (optional)

	Make	Model	Year	Serial No.	Restored
1.	Yes / No
2.	Yes / No
3.	Yes / No
4.	Yes / No

If space is insufficient please continue over page.

CLUB Days: Wednesday and Saturday 9am till 3pm

For further information contact: The Treasurer
 P. O. Box 239
 Dargaville 0340
 Phone 09 439 4614

Signature of Applicant Date