



Information Line: 04 4995335 | www.kmmc.co.nz

Membership Application (1 April 2017 - 31 March 2018)

Family Name _____

Address _____

Postcode _____

Email address _____

Phone # _____ Cell # _____

Rider name

Class (Snr, Junior or Mini)

2017/2018 Club Fees Individual \$30 Family \$50 (please tick one)

To pay via internet banking: Westpac: 03 0547 0884946 01 Please use your name as a reference i.e. JIM BOB/Membership. PLEASE EMAIL FORM TO: kapimanamotorcycleclub@gmail.com

I/We agree to abide by the rules and regulations of MNZ and those of the Kapi Mana Motorcycle Club

Signed: _____ Date: _____

For office use only

Mailing List

Membership List

Membership Card