



MEMBERSHIP APPLICATION FORM

Office Use Only	
Membership Number:	
Date Joined/Renewed:	
Cheque Number:	
Area:	

New Membership : \$60.00 Membership Renewal : \$60.00
 Family Membership : \$75.00

Personal Details

Christian Name: _____ Surname: _____

Address: _____

Postcode: _____

Postal Address: _____
 (If different to above) _____

Phone Number: () _____ Mobile No: () _____

Work Number: () _____ E-mail Address: _____

Where did you hear of the RSOC? _____

Full Membership Note: A copy of the registration papers for your RS or other proof of ownership is required for full membership.

Model of RS Vehicle: _____

Registration Number: _____

Chassis Number: _____

Engine Number: _____

Colour: _____

Please tick if you do not want your vehicle details supplied to the appropriate registrar.

Associate Membership

Make / Model of Vehicle: _____

Registration Number: _____

Which RS vehicle are you interested in? _____

Do you want to be added to the contact list? Please tick box Yes No

Signed _____

Date _____

To join, complete this application form and send it with the appropriate fee (cheques made payable to the Ford RS Owners Club (NZ)) to:

The Membership Secretary
Ford RS Owners Club New Zealand
PO Box 101789
North Shore Mail Centre
Auckland