



MEMBERSHIP APPLICATION FORM

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

New Membership : \$30.00 Membership Renewal : \$30.00
Family Membership : \$40.00

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 NZ, P.O. Box 101789 North Shore Auckland 0745.

Alternatively scan and email form to treasurer@fordrsoc.org.nz and Direct Credit ASB Account 123119 0113217 00. Please use your **Surname** and **Membership** as references.

FORD RS OWNERS CLUB, NEW ZEALAND. www.fordrsoc.org.nz