



# BMW CAR CLUB NEW ZEALAND

## Application for Membership



<b>Full Name:</b>	_____		
<b>Partner/Spouse:</b>	_____		
<b>Address:</b>	_____		
	_____		
	_____ (postcode)		
<b>Phone:</b>	(Home) _____	(Bus) _____	(Mob) _____
<b>Email:</b>	_____		
<b>How did you find us?</b>	_____		

### Details of BMW Vehicle(s) owned

<b>Model:</b>	_____	<b>Reg #:</b>	_____
<b>Chassis #:</b>	_____	<b>Year:</b>	_____
<b>Engine #:</b>	_____	<b>Colour:</b>	_____
<b>Mileage:</b>	_____ mls/kms	<b>No. of Owners:</b>	_____
<b>Manual/Auto/SMG:</b>	_____	<b>Country First Regd:</b>	_____
<b>Other features:</b>	_____		

<b>Model:</b>	_____	<b>Reg #:</b>	_____
<b>Chassis #:</b>	_____	<b>Year:</b>	_____
<b>Engine #:</b>	_____	<b>Colour:</b>	_____
<b>Mileage:</b>	_____ mls/kms	<b>No. of Owners:</b>	_____
<b>Manual/Auto/SMG:</b>	_____	<b>Country First Regd:</b>	_____
<b>Other features:</b>	_____		

Please forward the form, with your \$80 annual subscription fee to:  
 The Secretary, BMW Club of New Zealand. P O Box 7113, Wellesley Street, Auckland 1141, or  
 complete your credit card details below and fax to: The Membership Secretary on 09 480 0709

<b>Card Type:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<b>Expiry</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<b>Card Number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Cardholder's name:</b>	_____		<b>Signature:</b>	_____

I/We hereby agree to abide by the rules of the BMW Car Club of New Zealand. I/We acknowledge that the above information is supplied with the understanding that it will be used for BMW Car Club purposes only, and may also be supplied to the International Council of BMW Clubs.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office Use: Amount Rec'd \$

How Paid:

Cheque / Card / Other Date:.....