



THIS FORM MUST BE COMPLETED BY EACH CREW MEMBER

CREW PASS HOLDER 2019/20 SEASON

NAME: _____

ADDRESS _____

CITY: _____

POST CODE: _____ **PHONE:** _____

EMAIL: _____

DRIVER CREWING FOR : _____

PBDRC CODE OF CONDUCT READ AND UNDERSTOOD *please sign and date*

_____ / ____/20____

CREW PASS **\$45**
(Gate entry to all x5 meetings)

PBDRC BANK A/C NUMBER **03 0855 0404908 00**

Please provide Name and reference number if paying via internet banking _____

Submit your application to: pegasusbaydragracing@gmail.com

OR

PO Box 1573, Christchurch 8140

ALL APPLICATIONS ARE SUBJECT TO THE RULES, GUIDELINES, CONDITIONS AND CODE OF CONDUCT SET BY THE **PBDRC COMMITTEE.**

All applications must be proposed and seconded by any 2 existing members. The **PBDRC** committee has the deciding right as to whether any person is accepted or rejected as a member of the club. Where possible all applicants for full membership are required to attend 1 general meeting

RECIPT NUMBER:	MEMBERSHIP NUMBER:
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