

THIS FORM MUST BE COMPLETED BY EACH APPLICANT

MEMBERSHIP APLICATION FORM 2019/20 SEASON

<i>NAME:</i>		
ADDRESS		
<i>CITY:</i>		
POST CODE:	PHONE:	
EMAIL:		
OCCUPATION		
PBDRC CODE OF CONDUCT R	READ AND UNDERSTOOD please sign and date	
	//20	
LIFE MEMBERS (NO CHARGE) RECORDS CURRENT. Please cir	BUT PLEASE FILL OUT THE FORM TO KEEP OUR cle membership option	
ANNUAL FULL MEMBERSHI (voting rights, gate entry for membership)	P \$75 per, x1 crew pass, \$10 off race entry fee)	
<u>Or</u>		
JUNIOR MEMBERSHIP (UND	ER 15YRS AS AT FIRST MEETING OF SEASON) FREE	1 <i>1</i>
PBDRC BANK A/C N	<u>UMBER</u> 03 0855 0404908 00	
Please provide Name and reference	e number if paying via internet banking	
Submit your application to: pega	susbaydragracing@gmail.com	
OR		
PO Box 1573, Christchurch 8140		
ALL APPLICATIONS ARE SUBJECT TO TH PBDRC COMMITTEE.	IE RULES, GUIDELINES, CONDITIONS AND CODE OF CONDUCT SET BY $^\prime$	THE
	1 by any 2 existing members. The PBDRC committee has the deciding right as to w of the club. Where possible all applicants for full membership are required to attend	
RECIEPT NUMBER:	MEMBERSHIP NUMBER:	