



THIS FORM MUST BE COMPLETED BY EACH APPLICANT

MEMBERSHIP APPLICATION FORM 2020/21 SEASON

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

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

Sign: _____ **Date:** ____/____/20____

ANNUAL FULL MEMBERSHIP **\$80**

- Gate pass to all 5 PBDRC meetings
- \$10 discount of race entry fee
- Eligible for PBDRC series points
- Voting rights

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: