CITY OF SAILS ROCK N' ROLL REVIVAL CLUB INC
PO BOX 82242, HIGHLAND PARK, AUCKLAND 2143
Email: secretary@cityofsails.org.nz

Membership Application Form

Please complete all sections of this form and post to the Club Secretary at the above address or send via email

NEW Membership / RENEWAL Membership Date: _____

First Member Details		Second Member Details	
SURNAME		SURNAME	
First Name		First Name	
Date of Birth		Date of Birth	
Postal Address (including Post Code)		Postal Address (including Post Code)	
PHONE		PHONE	
MOBILE		MOBILE	
EMAIL		EMAIL	
SIGNATURE		SIGNATURE	

Children (write additional children on the back of this form if needed)					
SURNAME		First Name		Date of Birth	
SURNAME		First Name		Date of Birth	
SURNAME		First Name		Date of Birth	
SURNAME		First Name		Date of Birth	

Please Select Membership Type	Tick	Fee
FAMILY - Two adults plus children 17 years and under		$60.00
DOUBLE - Two adults (NB: Only one membership card will be provided)		$45.00
INDIVIDUAL PLUS - One adult plus children 17 years and under		$40.00
INDIVIDUAL - One adult (18 years and over)		$25.00
JUNIOR - One child or student 17 years or under		$20.00

Bank Account Name: City of Sails Rock n Roll Revival Club Inc
Bank Account Number: 12-3089-0111770-00
Note: Please include your surname

All memberships are for 12 months from the date of joining and include the NZ Amateur Rock 'n' Roll Association Levy. By applying for the membership, you must agree to abide by the rules of this club. A copy of the Constitution is available from the Club Secretary. As per our constitution, membership will not take effect until approved by vote of the Committee.

A link to the Club Newsletter will be emailed to the email address/s provided on this form. If you do not have an email account or internet access, please notify the Club Secretary so we can make alternative arrangements.

Committee Use Only	
Receipt No:	Card Issued:
Date:	Membership Expiry: