

Membership Application and Renewal

***Classic Action Motorcycle Sport
South island (inc)***

Name: _____

Address: _____

E-mail: _____ Occupation: _____

Phone No: (private) _____ (business) _____

Race motorcycle/s specification: _____

Availability for club service: Yes No

Other club memberships: _____

Main reason for joining C.A.M.S: _____

Are you a new member? Yes No

New members race number choices: 1st _____ 2nd _____

Race numbers are confirmed according to availability.

*Please make cheque payment out to: C.A.M.S. and send
to C.A.M.S., P.O Box 16335, Christchurch*

I hereby agree to abide by the rules and constitution of C.A.M.S. And M.N.Z.

Signature: _____ Date: _____

Confirmation of your membership acceptance is made, by receipt of your Membership Card.

Junior (under 18)	\$20.00
Associate members	\$20.00
Senior members	\$30.00