



THOROUGHBRED AND CLASSIC CAR OWNERS' CLUB INC.

P O BOX 35249, BROWNS BAY, AUCKLAND 0753
 Website: www.taccoc.co.nz

MEMBERSHIP REGISTER FORM

I/We wish to become member/s of the Thoroughbred and Classic Car Owners' Club Incorporated and I/We agree to abide by the Rules of the Club and any subsequent alterations to such Rules.

Full Name/s: _____ Telephone: Home _____
 _____ Business _____
 Address: _____ Mobile _____

 Postal Address _____ Email Address _____

 Occupation: _____

I/We currently belong to the following Car Clubs: _____

Details of Thoroughbred/Classic car/s currently owned:

	<i>Year</i>	<i>Make/Model</i>	<i>Regd No.</i>	<i>Engine No</i>	<i>Chassis No.</i>	<i>Colour</i>	<i>Condition*</i>	<i>Category**</i>
1.	_____							
2.	_____							
3.	_____							
4.	_____							

* Original / To be restored / Partly Restored / Fully Restored
 ** Category 1 =Standard (basically as it would have left the factory)
 Category 2 =Modified, or Historic

Any details of previous history would be appreciated:-

1. _____
 2. _____
 3. _____
 4. _____

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CAR/S FOR OUR REGISTER FILE

We would like an indication of the activities which interest you. Club members are urged to participate by competing in or assisting with events. Please tick the following:-

<i>Type of Event</i>	<i>Competitor</i>	<i>Helper</i>	<i>Type of Event</i>	<i>Competitor</i>	<i>Helper</i>
Race Meetings	<input type="checkbox"/>	<input type="checkbox"/>	Gymkhana/Motorkhana	<input type="checkbox"/>	<input type="checkbox"/>
Classic Trials	<input type="checkbox"/>	<input type="checkbox"/>	Picnic Runs	<input type="checkbox"/>	<input type="checkbox"/>
Hillclimbs	<input type="checkbox"/>	<input type="checkbox"/>	Technical Evenings	<input type="checkbox"/>	<input type="checkbox"/>
Practice Days	<input type="checkbox"/>	<input type="checkbox"/>	Socials	<input type="checkbox"/>	<input type="checkbox"/>
Concours/Show	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Meetings	<input type="checkbox"/>	<input type="checkbox"/>
Trials	<input type="checkbox"/>	<input type="checkbox"/>			

In support of my request to join TACCOC, the following Member is prepared to second my application:-

Name in full: _____

Applicant's Signature/s: _____ Date: _____