



APPLICATION FORM

Name:	<input style="width: 95%;" type="text"/>	Partner:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>		
Email:	<input style="width: 100%;" type="text"/>		
Phone No:	<input style="width: 95%;" type="text"/>	Partner	
Mobile		<i>Home</i>	<input style="width: 95%;" type="text"/>
Occupation:	<input style="width: 95%;" type="text"/>	<i>Work</i>	<input style="width: 95%;" type="text"/>
NZHRA Number (if applicable)	<input style="width: 95%;" type="text"/>	<i>Mobile</i>	<input style="width: 95%;" type="text"/>

Are you already affiliated to the NZHRA?	<i>Applicant</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Partner</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you want to be NZHRA affiliated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

VEHICLE(S) DETAILS:							<i>On Road?</i>	
<i>Applicant</i>	<i>Partner</i>	Make	Model	Year	Engine	Colour	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permission to put images of your car(s) onto the club website / magazine	<i>Applicant</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Partner</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to put your phone number(s) on Club phone list?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed by the above Applicant and Partner *(if applicable):*

Applicant: _____

Partner: _____

Date:/...../.....

Date:/...../.....

Membership Payment Details: [FOR COMMITTEE MEMBER USE ONLY]

Member \$50.00 (full year) \$25.00 (half year)

Partner Member \$20.00 (full year)

Amount paid \$

+ NZHRA Affiliation - Member \$30.00 Cash Cheque Receipt No.

+ NZHRA Affiliation - Partner \$30.00 Receipt Given: _____ Signed: _____

PLEASE NOTE: The \$25.00 half year option applies to new members only!



Please send application forms to:

Mopar Connection (NZ) Incorporated
PO Box 1717
PARAPARAUMU BEACH

Bank Account - National Bank 06-0541-0146512-00 or post cheque to P O Box 1717 Paraparaumu Beach

Any questions?

Email Andy Williams at moparmayhem@paradise.net.nz or phone (04) 905 3672