



Taumarunui Racing Club Inc.

P.O. Box 142

Taumarunui 3946

Email: tmnracingclub@extra.co.nz Secretary ph: 07 896 6776 Web: taumarunuiracing.co.nz

NOMINATION FOR MEMBERSHIP FORM

We hereby nominate _____

as a **Member** of the Taumarunui Racing Club Inc.

Proposer: _____ Signature: _____

Seconder: _____ Signature: _____

I agree to the above nomination:

Name: _____

Signature: _____ Date: _____

Postal Address: _____

_____ Post code: _____

Email: _____

Phone: _____ Mobile: _____

Annual Membership Fee: \$25

Payment can be made by direct credit into our bank account:

Taumarunui Racing Club Inc 03-0426-0146760-00

Official Use Only:

Enclosed: _____ Date: _____ Initial: _____