



Taumarunui Racing Club Inc

P O Box 142
Taumarunui 3946



Secretary: Ph: 07 896 6776

Email: tmnracingclub@xtra.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 cash, cheque or direct credit into our bank account:

Taumarunui Racing Club Inc 03 0426 0146760 00

Official Use Only:

Enclosed: _____ Date: _____ Initial: _____