



MEMBERSHIP FORM

Please print clearly Current members – please do not use this form for changes of address

Surname: Preferred First Name: DOB:

Surname: Preferred First Name: DOB:

Address:

Postal Code Email:

Ph: Fax: Mobile:

Is your vehicle certified self contained? Yes No If yes, provide a copy of your vehicle's self containment certificate If no, refer to the terms and conditions (3) below.

Van name (20 letters max):

Do you have any skills that you or your partner are prepared to share for the benefit of the NZMCA?

Accountancy Event Management Legal Property Management Resource Management

Other (please list).....

Please pay – JOINING FEE \$128.00 and SUBSCRIPTION FEE \$72.00 – TOTAL \$200.00

- I / We understand that upon acceptance of my / our application, I / We will be sent a copy of "THE MEMBERS HANDBOOK"
- I / We agree to abide by the rules of the NZMCA. I/We hereby give consent to my/our name, address, telephone number and other information forming part of my/our membership details to be held by the Association and to be used for the Association's objectives. I/We acknowledge my/our right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.
- I/we understand that it is a requirement of joining the NZMCA, that I/we will have my/our motorhome/campervan/caravan certified self contained within three months of joining/purchasing/completing my/our motorhome/campervan/caravan.
- If you would like your member details to remain confidential please tick the box.
- Unless** this form is signed by all persons applying for membership **THE APPLICATION WILL NOT BE ACCEPTED.**

Signed

Signed

(IF A DOUBLE MEMBERSHIP, BOTH MEMBERS MUST SIGN)

Please either fax or post this application – not both!

Please charge my: Visa Mastercard

Card No:

Card holder name:

Expiry date: /.....

Card holder Signature:

PO Box 72 147 Papakura Auckland P 09 298 5466 F 09 298 5466 E membership@nzorca.org.nz www.nzorca.org.nz



UPDATE YOUR DETAILS

Do we have your correct contact details? If not, please complete this form and post or fax it to the NZMCA office. The membership, fuel and insurance databases will be updated as a result.

Please print clearly

Membership #

Preferred First Name: Surname: Ph: ()

Preferred First Name: Surname: Fax: ()

Address: Mobile:

Postal Code Email: Van name (20 letters max):

Do you have insurance with Covi? Yes / No Do you have a Mobil/Caltex card Yes / No

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