MEMBERSHIP FORM

www.fiatnz.co.nz

I wish to apply for membership of the Fiat Owners Club New Zealand Inc. and agree to abide by the rules of the Club. I have never been refused membership by, or been expelled from, any other Make club affiliated to MANZ Inc.
Date ……...

Signed ……

Name: ……
Phone: Private (0 ……..
Phone: Business (0 ……...
Age Group: Under 18 18 – 25 26 –35 36 – 60 61 +

$45.00
Payment by Direct Credit to: 03 0502 0578056-00 Paid by DC, ***tick*** ☐
Cheque ☐
Cash ☐

Occupation: _____

Street Address: _____

Town/City: _____ Post Code: _____

Postal Address: _____

Partners Name:_____

Make	Model	ccRating	Year	Colour	Reg

Email Address: _____
Please include me on the email / classifieds circulation list ☐ ***tick***

Age Group: (Please circle)

Under 18 18 – 25 26 –35 36 – 60 61 +

Please send payment with this form to: Fiat Owners Club, PO Box 4089, Wellington 6140.

Membership Card Mailing List Membership List Email List