



The Cadillac La Salle Club of NZ (Inc.) MEMBERSHIP APPLICATION FORM
EASY 3-step method to join!

1. Complete this application
2. Post with your first years membership fee (as per table below) or e-mail application form and internet bank fee
3. Complete auto payment form and return with application [NOTE > All subs are paid annually via auto payment on the 1st September each year]

PAY first year's subs by cheque or internet banking:

- Post this application with your cheque to:
 The Treasurer, The Cadillac La Salle Club of NZ (Inc)
 195B Oropi Road, R D 3, Tauranga 3173
- OR**
- Internet bank membership subs direct to our Bank Account at The ANZ Bank, Masterton **060689 0055887-00** and **type your name in the reference box**. Email application form to the Treasurer: redchev@xtra.co.nz

ANNUAL MEMBERSHIP FEES DUE BY 31 AUGUST of EACH YEAR

JUL/AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
\$45	\$45	\$45	\$45	\$45	\$45	\$35	\$35	\$35	\$35	\$25

MEMBERS & CADDY DETAILS – to appear in Membership Directory

FULL Name: _____

Partners FULL Name (if applicable) _____

For NEW MEMBERS – Print name(s) you wish to appear on Membership Card

NOTE - Replacement cards attract a fee – enquire of Treasurer current fee

Home Address (AND PostalCode) _____ **REGION** _____

Postal Address (if different from above) _____

Other CONTACT details (Phone - Home/Mobile and Email address)

Cadillac/ La Salle (s) owned: YEAR/MODEL/ Registration Number

1] _____

2] _____

3] _____

CLUB Magazine known as "FINZ" (as in 'Fins' and 'Z' as in NZ) is emailed

Privacy Act Disclosure: "This information will form the basis of the club's annual directory. The directory is intended solely for personal use of club members. If you DO NOT wish to have your contact details (address and phone number) please indicate. **Please ENCLOSE (hard copy or email attachment) photo/s of your Caddy/ La Salle**

This form last updated October 2014 Lois Thrupp version

Authority for Automatic Payment



(Not to operate as an assignment or an agreement)

PAYER DETAILS

To: The Manager

Name of Bank

Branch

Name of Account

Important Please Tick

- This is a new authority, or
 As from (first payment date)
this authority replaces existing authorities for

\$..... in favour of the same payee.

ACCOUNT DETAILS

On behalf of
(Name if other than payer)

Bank	Branch	Account Number	Suffix
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Details to Appear on my/our Bank Statement

Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)
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FREQUENCY AND AMOUNT

First Payment Date 01 09 2015 Last Payment Date or Until Further Notice (tick)

Frequency of Payment (tick one) Weekly Fortnightly 4 Weekly Monthly Other (please specify) Annually

Fixed Amount \$ 45-00 Amount (in words) Forty five dollars

Variable Amount (tick one) First Last Variable Amount \$

Variable Amount (in words)

PAYEE DETAILS

Pay to the Credit of:

Name of Bank ANZ Branch

Name of Account Cadillac La Salle Club NZ Account Number 06 0689 0055887 00

Bank	Branch	Account Number	Suffix
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Details to Appear on Payee's Bank Statement

Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)
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CONDITIONS

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for the late payment or for any omission to follow such directions.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
- This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

AUTHORISATION

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions above.

Name of Account (customer to complete)

Customer's Signature

Contact Telephone No. Date [][] [][] [][] [][]

Customer's Signature

Contact Telephone No. Date [][] [][] [][] [][]

BANK USE ONLY

Date Received [][] [][] [][] [][] [][] Recorded By Checked By