



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 (\$50 per annum 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: redchev1960@gmail.com

ANNUAL MEMBERSHIP FEES DUE BY 1 SEPTEMBER of EACH YEAR

JUL/AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
\$50	\$50	\$50	\$50	\$50	\$50	\$40	\$40	\$40	\$40	\$30

MEMBERS & CADDY DETAILS – to appear in Membership Directory

FULL Name: _____

Partners FULL Name (if applicable) _____

Home Address (AND Postal Code) _____ **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 Nov2018 Version with new \$50 sub amount & Lois Gmail

Club admin: M/Ship #: _____ FINZ Mag () Secretary () Treasurer Spreadsheet? ()
Treasurer Auto Pmt form sent to bank ()

.....

BANK USE ONLY

.....
Contact Telephone No.
Date

Customer's Signature _____

Contact Telephone No.

Customer's Signature

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.

2. I/we understand and accept that the Bank accepts this authority only on the conditions above.

Name of Account (customer to complete).....

complete and drop into your bank or read to Treasurer

copy 2 into

CONDITIONS

Three horizontal rulers are provided for measurement. Each ruler is marked in inches from 1 to 12. The first ruler is on the left, the second in the middle, and the third on the right. They are all empty and intended for the student to draw a line across them.

	Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)
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Bank	Branch	Account Number	Suffix

07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

401.246.101

PAYEE DETAILS

Variable Amount (in words)

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

Fixed Amount \$ 50-00
Amount (in words) Fifty

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

First Payment Date	01/09/20				Last Payment Date
or Until Further Notice <input checked="" type="checkbox"/> (tick)					

REQUENCY AND AMOUNT

ANNNV 74042 0 = 2N 5875

Details to Appear on my/our Bank Statement

Bank	Branch	Account Number	Suffix

ACCOUNT DETAILS

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

_____ this authority replaces existing authorities for _____

IN 'ALLIANCE MAIL' R SI 5111 

AYER DETAILS

[illegible]

1779 3.8

Authority for Automatic Payment

10

↓ plain way for $\frac{1}{2}$ ✓

140 0000 / AD 1/10/1