



# Z CAR CLUB NSW

## MEMBERSHIP APPLICATION

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Mobile:</b>		<b>Birthday (dd/mmm)</b> <i>Optional</i>	
<b>All members must comply with the Club's <a href="#">Code of Conduct (CoC)</a>.</b> Please confirm you have read and agree to abide by the CoC by marking this box.			<input type="checkbox"/>
Other Z Car Club members may live in your area. Mark this box if you <b>do not wish</b> the club to share your contact details with other Z owners in your area.			<input type="checkbox"/>
<b>Have you any special interests?</b> <i>E.g. Motorsport, Club runs</i>			

### Tell Us About Your Z

To become a Member, you must be able to prove in a manner satisfactory to the Committee, present or past ownership of a Nissan / Datsun Z as per the [Club Constitution](#). An Associate Membership is available for applicants that do not fulfil the ownership requirements or is a partner or child of a member.

<b>Model:</b>		<b>Year:</b>	
<b>Colour:</b>		<b>Rego:</b>	
<b>Standard (Y/N):</b>			
<b>If modified, provide details:</b>			

### Membership Application

To join the Club, please complete this form and email it to [club@zcarclub.com.au](mailto:club@zcarclub.com.au).

Please make your membership payment via credit card at <https://zcarclub.square.site/> or by bank transfer to Z Car Club NSW, BSB 012-559 A/C 257548477 with your surname as reference.

<b>Membership Type:</b>	<b>Fee:</b>	<b>Payment made by:</b>	
		<b>Bank Transfer</b>	<b>Square</b>
Full Membership	\$60	<input type="checkbox"/>	<input type="checkbox"/>
Associate Membership	\$20	<input type="checkbox"/>	<input type="checkbox"/>

*Note membership fees apply per calendar year from January 1<sup>st</sup> to December 31<sup>st</sup>.  
Credit card payments made via Square will include a 2.2% card surcharge.*

Your membership application will be presented for approval by the Club Committee at the next monthly Committee meeting. These are held on the 2<sup>nd</sup> Wednesday of each month. You will receive confirmation of acceptance by email following this meeting.

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### Office Use

Application approved by committee	Date payment received	Receipt No.	Membership No.