



# THOROUGHBRED AND CLASSIC CAR OWNERS' CLUB INC.

P O BOX 35249, BROWNS BAY, AUCKLAND 10  
 Website: www.taccoc.co.nz

## MEMBERSHIP REGISTER FORM

I/We wish to become member/s of the Thoroughbred and Classic Car Owners' Club Incorporated and I/We agree to abide by the Rules of the Club and any subsequent alterations to such Rules.

Full Name/s:	_____	Telephone:	Home _____
Address:	_____		Business _____
	_____		Mobile _____
Postal Address:	_____	Email Address:	_____
Occupation:	_____		
I/We currently belong to the following Car Clubs: _____			

### Details of Thoroughbred/Classic car/s currently owned:

	<i>Year</i>	<i>Make/Model</i>	<i>Regd No.</i>	<i>Engine No</i>	<i>Chassis No.</i>	<i>Colour</i>	<i>Condition*</i>	<i>Category**</i>
1.	_____							
2.	_____							
3.	_____							
4.	_____							

\* Original / To be restored / Partly Restored / Fully Restored  
 \*\* Category 1 =Standard (basically as it would have left the factory)  
 Category 2 =Modified, or Historic

### Any details of previous history would be appreciated:-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CAR/S FOR OUR REGISTER FILE

We would like an indication of the activities which interest you. Club members are urged to participate by competing in or assisting with events. Please tick the following:-

<i>Type of Event</i>	<i>Competitor</i>	<i>Helper</i>	<i>Type of Event</i>	<i>Competitor</i>	<i>Helper</i>
Race Meetings	<input type="checkbox"/>	<input type="checkbox"/>	Gymkhana/Motorkhana	<input type="checkbox"/>	<input type="checkbox"/>
Classic Trials	<input type="checkbox"/>	<input type="checkbox"/>	Picnic Runs	<input type="checkbox"/>	<input type="checkbox"/>
Hillclimbs	<input type="checkbox"/>	<input type="checkbox"/>	Technical Evenings	<input type="checkbox"/>	<input type="checkbox"/>
Practice Days	<input type="checkbox"/>	<input type="checkbox"/>	Socials	<input type="checkbox"/>	<input type="checkbox"/>
Concours/Show	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Meetings	<input type="checkbox"/>	<input type="checkbox"/>
Trials	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

In support of my request to join TACCOC, the following Member is prepared to second my application:-

Name in full: \_\_\_\_\_

Applicant's Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_