

Taumarunui Racing Club Inc P O Box 142

Taumarunui 3946



Secretary (hm): 07 896 6776

www.taumarunuiracing.co.nz

Email: tmnracingclub@xtra.co.nz

NOMINATION FOR MEMBERSHIP FORM

We hereby nominate			
as a Member of the	Taumarunui Racing Cl	ub Inc.	
Proposer:		Signature:	
Seconder:		Signature:	
I agree to the above 1	nomination:		
Name:			
		Date:	
Postal Address:			
		Post code:	
Email:			
		Mobile:	
Annual Membershi	p Fee: \$25		
Payment can be mad	e by direct credit into o	our bank account:	
Taumarunui Racing	Club Inc 03-0426-0146	5760-00	
Official Use Only:			
Enclosed:	Date:	Initial:	