



PARAWAI

TRAMPING CLUB INC

APPLICATION FOR MEMBERSHIP

I would like to apply for membership of the Parawai Tramping Club

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: HOME: _____ WORK _____ CELL _____

CONTACT (Emergency only) NAME: _____

PHONE:HOME: _____ **WORK** _____ **CELL** _____

ENCLOSED IS MY/OUR FIRST ANNUAL SUBSCRIPTION (Tick appropriate Box below)

Youth (12 - 18) \$20

Senior (Over 18) \$30

Family (Member + Partner + Children up to 18 years of age) \$40

Cheques payable to **PARAWAI TRAMPING CLUB. Post to P O Box 771, PARAPARAUMU**

FAMILY MEMBERS NAMES: (Only required for family membership)

1. _____ 2. _____

3. _____ 4. _____

How did you hear about the Parawai Tramping Club ?

Give a brief summary of any tramping background you have

SIGNED: _____ **DATE** ____ / ____ / ____