

**APPLICATION FOR MEMBERSHIP
MERCEDES-BENZ CLUB AUCKLAND INC.**

Applicants name: _____

Partner/spouses name: _____

Address: _____

Occupation: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

VEHICLE DETAILS: Car 1:

Model: _____ Year: _____

Colour: _____ Regd. No: _____

VEHICLE DETAILS: Car 2:

Model: _____ Year: _____

Colour: _____ Regd. No: _____

Subscription: **\$ 50.00**

How did you hear about our club?

Flyer: Postcard: _____

Friend: (insert serial number)

Internet: Other: _____

(specify)



Please forward this form with your cheque to:
Mercedes-Benz Club Auckland Inc.,
P O Box 1587, Auckland

Visit our website: www.mercedesclub.org.nz