

Membership Application

Peninsula Tramping Club
PO Box 10167
Phillipstown
CHRISTCHURCH 8145

I/We wish to apply for membership of the Peninsula Tramping Club.

Names(s)	Family members - please include names of all family members and ages of children.		
Address	Street/ PO Box		
	Suburb		
	Town/city		Postcode
Phone	Home	Mobile	
	E-mail		

I/We have done the required two days tramping with PTC

	Date	Trip name	Trip Leader	Leader's signature
1				
2				

Subscriptions

Membership subscription with electronic newsletter only	\$50	
Total		

I prefer to pay directly to Kiwibank a/c: 38 9015 0030334 00 []

Please put your name as a reference

Do you want your contact information to be **excluded** from a list distributed to all members?
Tick the appropriate boxes

Your phone number []	Your mobile number []	Your e-mail address []
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I agree to abide by the Club's rules.

Applicant's signature	Date:
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