

**APPLICATION FOR MEMBERSHIP WITHIN THE  
PATRIOTS DEFENCE FORCE MOTORCYCLE CLUB (NZ)  
SOUTH ISLAND CHAPTER**

SURNAME .....

GIVEN NAMES .....

NICK NAME ..... D.O.B .....

ADDRESS .....

.....

.....

HOME PHONE ..... MOBILE .....

WORK PHONE ..... FAX .....

E-MAIL .....

TYPE OF MOTORCYCLE .....

**MEMBERSHIP**

1. Full Membership is open to any Serving/Ex-serving member of any Regular or Territorial Armed Forces, worldwide. You must be a New Zealand Citizen / Resident to be a member within New Zealand. A photocopy of proof of service within the Armed Forces must be attached to this application form. The applicant must have a road cycle of 250cc or greater. No trail bikes will be accepted within the Club.

**SERVICE HISTORY**

ARMY / NAVY / AIRFORCE / OTHER

DATE OF ENLISTMENT ..... DATE OF DISCHARGE .....

SERVICE NO ..... CURRENT POSTING .....

WRITE IN SHORT WHY YOU WOULD LIKE TO JOIN THE PATRIOTS .....

.....

.....

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN INVOLVED WITH ANOTHER CLUB?  
YES/NO

IF YES, WHICH CLUB AND WHERE .....

CONSENT FOR PHONE NUMBER TO BE ON PATRIOTS PHONE LIST: YES/NO



I WILL ABIDE BY THE CONSTITUTION OF THE PATRIOTS DEFENCE FORCE MOTORCYCLE CLUB (SOUTH ISLAND NEW ZEALAND), AND I WILL GIVE IT MY FULL SUPPORT. I ALSO ACCEPT THAT THE COMMITTEE, IF FOR ANY REASON, THAT I DO SOMETHING CONTRARY TO THE CONSTITUTION MAY CANCEL MY MEMBERSHIP. I ALSO AGREE TO PAY MY ANNUAL MEMBERSHIP EACH FINANCIAL YEAR BY THE DUE DATE SET DOWN BY THE COMMITTEE.

I DECLARE THAT ALL THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE ..... DATE .....

PLEASE SEND TO: THE SECRETARY  
PATRIOTS DFMC (NZ) SOUTH ISLAND CHAPTER  
PO BOX 16851  
HORNBY  
CHRISTCHURCH 8441

**(Or bring along to a meeting)**

**OFFICE USE ONLY**

The person whose names appears on this application form to become a Full Member of the Patriots DFMC, South Island New Zealand Chapter, was discussed at the monthly meeting held on the ..... / .... / .... A minimum of 51% of Members in favour who are present at the monthly meeting must be obtained. A .....% vote in favour was obtained and the person whose name appears on this application form was / was not accepted.

A minimum of three Committee Members signatures is required to validate:

PRESIDENT ..... DATED .....  
VICE PRESIDENT ..... DATED .....  
SECRETARY ..... DATED .....  
TREASURER ..... DATED .....  
SGT AT ARMS ..... DATED .....

MEMBERSHIP NUMBER .....  
MEMBERSHIP CARD ISSUED .....  
BADGES ISSUED .....  
MEMBERSHIP DATABASE UPDATED .....

