



WINDHOEK MOTOR CLUB



Affiliated to the Namibian Motor Sport Federation

P.O.Box 21041 Windhoek Namibia Tel No. 081 124 9200

2024

FAMILY N\$ 1 600.00

APPLICATION FOR FAMILY MEMBERSHIP

I, THE UNDERSIGNED, HEREBY APPLY FOR MEMBERSHIP OF THE WINDHOEK MOTOR CLUB, AND IF ACCEPTED HEREBY
 AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE CLUB AS STIPULATED IN THE CLUB'S CONSTITUTION.
 MEMBERSHIP VALID FROM YEARLY AGM TO NEXT YEARLY AGM

BANKING DETAILS

Windhoek Motor Club

Bank Windhoek

Branch - Kudu (482172)

Account - 1135509401

MAIL POP TO: ccbwhk@ccb.com.na

MAIN MEMBER:

SURNAME:		INITIALS:	
FIRST NAME:		NICK NAME:	
ID NUMBER:		DATE OF BIRTH:	
MEDICAL AID SCHEME & NUMBER:			

ADDITIONAL:

SURNAME:		INITIALS:	
FIRST NAME:		NICK NAME:	
ID NUMBER:		DATE OF BIRTH:	
MEDICAL AID SCHEME & NUMBER:			
SURNAME:		INITIALS:	
FIRST NAME:		NICK NAME:	
ID NUMBER:		DATE OF BIRTH:	
MEDICAL AID SCHEME & NUMBER:			
SURNAME:		INITIALS:	
FIRST NAME:		NICK NAME:	
ID NUMBER:		DATE OF BIRTH:	
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MAIN MEMBER					
E-MAIL ADDRESS: _____					
POSTAL ADDRESS: _____					
RESIDENTIAL ADDRESS: _____					
BUSINESS ADDRESS: _____					
OCCUPATION: _____					
Your email adress will be used as a form of communication to all club members					
TEL NO: (B)		(H)		(CELL)	
NO dual membership of a club is allowed for the same CODE. You need to choose ONE Club					
SPECIFY PREVIOUS MOTOR CLUB MEMBERSHIP:					
LETTER OF GOOD STANDING	YES		NO		please attach to application
SIGNATURE: _____ DATE: _____					
PROPOSED BY: _____ SIGN: _____					
MEMBERSHIP CARD & CONSTITUTION ISSUED DATE: _____ MEMBER INITIAL: _____					

OFFICE USE ONLY

THIS APPLICATION WAS ACCEPTED AT A MEETING OF THE EXECUTIVE COMMITTEE

HELD ON: _____

CHAIRMAN _____ TREASURER _____

MEMBER NO:	PROCESS DATE:	INITIAL:
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RECEIPT NO:	RECEIPT DATE:	INITIAL:
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