NixCrew Charity Trust Membership Form

Please complete the following and tick the category selected:

riease complete the follow	ving and	iick tile cate	egory select	eu.	
Title: (Please Circle)	Mr	Mrs	Ms	Miss	
First Name:		_			CRES
Surname:		_ D.O.B:	/_	/	
Address:		_			Vehicle Details:
Home Ph:		_			Make:
Mobile Ph:		_			Model:
Fax No:		_			Year:
E-mail:		_			Features:
NixCrew T-Shirt NixCrew Cap Invites to events Membership Card (m provides rebates fron dealers - Membersh date signed	n selecte	ed automo	tive		
I Wish to pay by:					
Cheque* Cash * Please include a return address on the back					
DECLARATION: As a member by signing this form i agree to adhere to the				e	
Aims and Objectives of the Trust and take part in events with good spirit and a fun attitude.					
Signed	Date	2		_	
NixCrew Charity Trust P.O Box 20119, Glen Ede	n				
Auckland, New Zealand					
Public Relations:		rew Base	**************************************		
Ann Pala Phone: (09) 818 4450	Gleno	osewarne C	iescent		
Mobile: 021 813 607			:0		
E-mail: adr	,	09) 818 445 crew.com	vu		