



South Pacific Motor Sports Club Inc.

P.O. Box 4, Port Moresby
Phone: 311 2210 / 325 6757

MEMBERSHIP RENEWAL FORM

Renewal of Membership is Required by 30th June

MEMBER DETAILS

Surname _____
First Name _____
Place of Work _____
Phone _____
Email Address _____

ASSOCIATE DETAILS (SPOUSE ONLY)

(Kindly provide preferred updated email address for all SPMSC correspondence)

Are you a current member of the SPMSC Y / N

If "Yes" current Membership Number _____

If "No" please request a New Members Form from one of our Duty Managers.

CORRESPONDENCE

I wish to receive email correspondence from the Club Y / N

MEMBERSHIP TERMS

I agree to abide by the Constitution of the SPMSC, By Laws and Standing Orders and the decision of the Committees as duly elected representatives in maintaining Club standards and values.

Signed: _____ (Member)

Signed: _____ (Associate)

Renewal Date: ___/___/___

PAYMENT DETAILS

Full Member Renewal K500.00 Country Member Renewal K400.00
 Corporate Member Renewal K500.00 Associate Members Free

Payment Method (please circle one) Company Cheque Cash EFTPOS EFT

EFT Payment

Bank: Bank South Pacific	Branch: WAIGANI	Account #: 1000997279
Account Name: South Pacific Motor Sports Club Inc		
<i>Ensure you clearly note your full name and membership number and email your EFT receipt to gm@spmsc.org.pg</i>		

RECEIPT DETAILS (Duty Manager to Complete)

Date: ___/___/___ Payment Amount: K _____ Receipt Number: _____

Duty Manager Name: _____