



Tranzit Travel Club

Wellington

Membership Application Form

Title: Mr[] Mrs[] Miss[] Other[]

Surname:

First Name:

Home Address:

Town: **Postcode:**

Telephone No:

Interest: Day tours[] Longer tours[] Shows[]
Concerts[] Sporting events[]
Other[] Please list

Preferred days of Travel:

Return to:
Tranzit Travel Club
P O Box 141 45
Kilbirnie, Wellington
Phone (04) 387 2018

Office use only: Membership No:..... Paid \$5.00:
Receipt no:..... Date:.././.....