

Form for Registration of Interest in CMA Membership

Please print this form and fill out the information as applicable.

Once completed, post the form to:

CMA NZ
P O Box 76114
Manukau City
Manukau 2241

PLEASE WRITE IN BLOCK LETTERING FOR ACCURACY OF READING

Full Name: _____

Address: _____

Phone Numbers:

Hm: _____ Mob: _____ Wk: _____

Email: _____

Fax: _____

Occupation: _____

Marital Status (*Circle answer*):

Married: Yes / No Single: Yes / No

If Married: Date of Marriage: _____

Date of Birth: _____

Blood Group (*if known*): _____

Are you a (*Circle answer*):

Rider? Yes / No Pillion?: Yes / No

How long have you been riding motorcycles?:

As a Rider: _____ Years _____ Months

As a Pillion: _____ Years _____ Months

Driver/Rider Licence Number: _____ Classes held: _____

Are you a Christian? (*Circle answer*): Yes / No

Name of Church: _____

Name of Pastor: _____

Pastor's Contact Phone Number(s): _____

Why do you want to become a member of CMA?:

Have you ever completed a motivational gifts test, or are you aware of your specific spiritual gifting? (*Circle answer*): Yes / No

If yes, please list them here:

Do you have any special experience, skills or abilities that you would like to offer the CMA team for the purpose of fulfilling the (*clickable link*) [Vision, Mission and Purpose of CMA](#) activities here in New Zealand? (*Circle answer*): Yes / No

If yes, please list here:

I am interested in supporting a local CMA Chapter in their activities and the vision they have in reaching other motorcyclists for Jesus Christ. I have read the (*clickable link*) [CMA NZ constitution](#) and agree to abide by it.

Signature: _____ Date: _____