



AMERICARNA MEMBERSHIP APPLICATION

ACCOUNT DETAILS:

First Name(s): _____

Surname: _____ Date of Birth: ____/____/____

Postal address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

To keep you informed about exclusive features and benefits of your Americarna Membership we will keep your email address on file. You have the right to update or correct the information we hold. If you DO NOT wish to receive information from AmeriCARna please indicate by ticking this box

DECLARATION *for all applicants*

- I confirm that the foregoing information is true and complete
- I understand the Americarna NZ Ltd reserves the right to decline any applications
- I have read and understood the Terms and Conditions attached of this account application and agree to be bound by them upon acceptance of this application.
- Pursuant to the Privacy Act 1993 the following has been brought to my attention:

This form collects personal information about me for the purposes of providing a membership account and administration of that account and for the purposes of providing ongoing information about our products and services. The intended recipient of the information is Americarna NZ Ltd, PO Box 4234 New Plymouth 4340. Failure to provide this information may result in my application being declined. I have rights of access to, and may request the correction of personal information about me held by Americarna NZ Ltd.

AUTHORISED SIGNATURE: _____ DATE: _____

**PLEASE COMPLETE ALL REQUIRED SECTIONS OF THIS FORM AND RETURN ALONG WITH YOUR
CARDPLUS APPLICATION FORMS TO:**

Americarna NZ Ltd
PO Box 4234
NEW PLYMOUTH 4340



AMERICARNA MEMBERSHIP

TERMS AND CONDITIONS

These terms and conditions apply to each Americarna Membership issued by Americarna NZ Ltd.

1. DEFINITIONS

- 1.1 An "Americarna Membership" means the Americarna Membership issued to you
- 1.2 "Authorised Person" means a person to whom an Americarna Membership is issued to
- 1.3 "Americarna Terms and Conditions" means the terms and conditions as may be amended from time to time but not before written notice has been given by letter to your last known address

2. USE OF AMERICARNA MEMBERSHIP CARD

- 2.1 Your Americarna Membership card can be used by an Authorised person in order to receive membership benefits in accordance with those listed Businesses offering benefits to Americarna members
- 2.2 You are responsible for ensuring that no unauthorised person uses your Americarna membership card and Shell reserve the right to refuse discount if an unauthorised user is suspected and if proof of authorised person cannot be proven.

3. YOUR OBLIGATIONS

- 3.1 Expiry or Cancellation: No authorised person is permitted to use their membership card after it has expired or after notice of its cancellation is given

4. FEES

- 4.1 \$51.75 annual membership payable to Americarna New Zealand Ltd. The annual Cardplus fee is not included in this amount. This will be direct debited from your chosen bank account at \$2.00 per month.

- 4.2 Americarna Cardplus benefits are only available to financial members of Americarna NZ Ltd

5. CANCELLATION

- 5.1 Cancellation by You: You may cancel your membership by written notice to Americarna NZ Ltd at any time. No refund provisions will be provided for due to administration costs in cancellation

PLEASE KEEP A COPY OF THESE TERMS AND CONDITIONS FOR FUTURE REFERENCE



PAYMENT DETAILS:

- \$51.75 (GST Inclusive). A GST tax invoice will be issued once payment has been received.
- Payment can be made via direct credit or cheque made payable to Americarna NZ Ltd.
- Direct Credit
- Cheque
- Americarna NZ Ltd, TSB Bank - New Plymouth Branch, Account No: 1539 53 0693743 10
- Enter Member name as Payee reference

IMPORTANT: PLEASE ENSURE ALL MEMBERSHIP/CARDPLUS APPLICATION FORMS ARE MAILED BACK TO OUR OFFICE. ALL FORMS REQUIRE OUR STAMP VALIDATING YOU ARE A FINANCIAL MEMBER OF AMERICARNA NZ LTD PRIOR TO BEING FORWARDED ON TO CARDPLUS TO ACTIVATE YOUR CARDPLUS BENEFITS.

Americarna NZ Ltd
PO Box 4234
NEW PLYMOUTH 4340