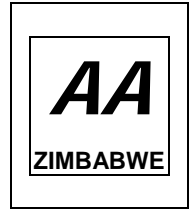


**THE AUTOMOBILE ASSOCIATION
OF
ZIMBABWE**



Membership No.

Renewable Month

Receipt No. & Date

MEMBERSHIP APPLICATION FORM

IMPORTANT

Membership services are limited to private type vehicles: motor cycles, sedans, saloons, station wagons and light pick-ups to 1 tonne carrying capacity. Heavy commercial vehicles, taxis, private hire cars and commuter buses are not eligible.

If under the age of 25 and a parent is a current member of the AA please state:

Date of Birth:.....

Initials and Surname of Parent:.....

His/Her Membership No:.....

BRANCH OFFICES

Mashonaland
P.O. Box 700, Harare
Tel: (04)788173-6 Fax: (04)776961
Email: mash@aazimbabwe.co.zw

Matabeleland
P.O. Box 910, Bulawayo
Tel: (09)70063 Fax: (09)68720
Email: aazbyo@mweb.co.zw

Manicaland
P.O. Box 239, Mutare
Tel: ((020)64422 Fax: (020)64478

Midlands/Masvingo
P.O. Box 412, Gweru
Tel: (054)224251 Fax: (054)22189

Please enrol me as a member of the Automobile Association, subject to the Constitution and Rules and such conditions as may be laid down by the Board of the Association from time to time; I agree that the enrolment constitutes my assent to the Constitution and Rules in force.

*ORDINARY MEMBERSHIP

*AA PLUS MEMBERSHIP

Entrance Fee \$ _____
Subscription \$ _____
=====

Entrance Fee \$ _____
Subscription \$ _____
=====

FULL CHRISTIAN NAMES (Block letters).....

SURNAME (Block letters) Mr./Mrs./Miss.....

Address (1) Residential.....

.....

(2) Business.....

.....

Res Phone..... Bus Phone..... Mobile Phone.....

Email Address:.....

Date..... Usual Signature.....

*Select whichever class of membership you prefer by ticking the appropriate box – details will be completed by the AAZ Office

