ATUJARA MOTOR CYCLE CLUB

I hereby apply to be elected as a Member of the Atujara Motor Cycle Club (Inc.) and I undertake to recognise and submit to the rules and regulations as made from time to time for the government and working of the Club.

Full Name: …….. (Print) Date: ……

Address: …….....

..... Post Code: ……..

Phone No: (Home) …… Work or Mobile: …….....

E-mail Address: …….

Type of Membership: Family ☐ Single ☐ Honorary ☐ (please tick)

Names to appear on Membership Card: …….

Will you require a competition licence ...……...……

Privacy

I hereby consent to the collection of my personal information by this Club and the use and disclosure of my personal information by my Club to other agencies and officials associated with the conduct of motorcycling activities for the purpose of conducting and managing motorcycling activities. I understand that I may gain access to my personal information by contacting my Club Secretary.

Signature: ……..

Optional Questions

Are you a Member of another motor cycle club? (if yes, which club)……

Are you a financial member of that club? ……..

What make of machine's do you ride/race? ……..

Previous motor cycling experience: …….....
…….
Occupation: …….

Club Use Only

Nominated By: …… Signed: …….

Seconded By: …….. Signed: …….

Passed by at General Meeting: …… Date: …….

Updated: 28/4/2010