

**SAPMAC MOTORCYCLE CLUB
2 MARCO AVE INGLE FARM 5098
APPLICATION FOR MEMBERSHIP IN 2021**

NAME: _____

HOME ADDRESS: _____

OCCUPATION: _____

EMAIL ADDRESS: _____

HOME PHONE NO: _____ WORK PHONE NO: _____

MOBILE NO: _____

DATE OF BIRTH: _____ RIDER NET NO: _____

NEXT OF KIN _____ PHONE NO _____

S.A AMBULANCE SERVICE MEMBERSHIP NO: _____ EXPIRY: _____

NOMINATED BY: _____ YEAR JOINED-----

MEMBERSHIP STARTS 1ST. JAN TO 31ST. DEC.

SINGLE \$40.00 FAMILY \$50.00 COMMITTEE \$20.00.

Monies can be Direct Debited to: Police Credit Union BSB; 805-005 Account no.005113155.If you banking institution only requires 7 digits drop the 00 off the Account number. And Email form to Club Sec. at dni35651@bigpond.net.au

If a Family membership is required, please name the family members and date of birth.

Yes/No I do/don't want my name and phone number included on the member's list to be given to all club members.

I realise that motorcycling is a dangerous sport and in the event that I may injure myself or damage any of my property I hereby waive and release all rights and claims for damages I may have against The SAPMAC Motor Cycle Club . (Herein after called "The Club") and any or all participating sponsors and supporters as a result of my participation in events or functions organised by the club.

I hereby acknowledge that I have read and understand the rules and conditions of the club and shall abide by them and any decisions made from time to time by the committee.

Signature: ----- If under 16 responsible person to sign.

Witness: _____