

SAPMAC MOTORCYCLE CLUB

APPLICATION FOR MEMBERSHIP IN 2020

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 _____

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

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 your banking institution only requires 7 digits drop the 00 off the Account number.

Email form to Club Secretary at sapmacmcc@bigpond.com or present at the next club meeting

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

Circle relevant - **I do/do not** want my name and phone number included on the member's list to be given to all/other 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 parent or legal guardian to sign)

Witness: _____