

Seymour Motorcycle Club

IncNo.AO017281E

Membership Expires 31/01/10

Membership Form 2009

Family

Name/Surname _____

Given Name/Names (Family Memberships please list Only Riders)

Age & D.O.B.

1. _____

2. _____

3. _____

4. _____

5. _____

Address : _____ Postcode : _____

Postal Address : _____ Postcode : _____

Phone Number : (H) _____ (W) _____ (M) _____

Email : _____

Junior (<16)=\$35

Senior (>16)=\$55

Family (Immediate Family ONLY) =\$90

MA Licence Number (if applicable) _____ Club/National/Rec Licence (Please Circle)

Any Skills / Equipment that can be of assistance to the Club? _____

I _____ participating in the Seymour Motorcycle Club, do so solely at my own risk. Furthermore I will no way hold the sponsors, ride organizers, members of the committee, guild or owners of the property in any way responsible for any injury, loss or damage to any person or property. I recognize that motor sport is dangerous and agree to the above.

Signature : _____

Signature of Guardian if Under 18 : _____

Return with Payment to :

Seymour Motorcycle Club

P.O. Box 776

Seymour VIC 3660

Office Use Only – Acceptance Date ____/____/2009

Membership Number : _____