

# Seymour Motorcycle Club

IncNo.Ao017281E  
Membership Expires 31/01/11

## Membership Form 2010

Family Name/Surname \_\_\_\_\_

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

Age & D.O.B

1. \_\_\_\_\_

\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_

Address : \_\_\_\_\_ Post Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_ Post Code : \_\_\_\_\_

Phone Numbers : (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email : \_\_\_\_\_

- Please note : Ride day/ Practise Day notification will be emailed and mobile text messaged

Junior (<16) = \$35

Senior (>16) = \$55

Family (immediate Family ONLY) = \$90

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

Any Skills or 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 recognise that motor sport is dangerous and agree to the above.

Signature : \_\_\_\_\_

Signature of Guardian if Under 18 : \_\_\_\_\_

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Return with Payment to :

Seymour Motorcycle Club  
P.O. Box 776  
Seymour Vic 3660

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Office Use Only – Acceptance Date \_\_\_\_\_ / \_\_\_\_\_ /2010

Membership Number : \_\_\_\_\_