



WAGGA CLASSIC MOTORCYCLE CLUB INC.

MEMBERSHIP APPLICATION FORM

Eg: 29-April-2016

Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>
City	<input type="text"/>	Phone (H)	<input type="text"/>
Email	<input type="text"/>	Phone (M)	<input type="text"/>

All correspondence from the club (*including regular newsletters*) will be by email.

Membership Fees

Click box

Annual membership fee	<input type="text" value="\$30.00"/>	<input type="checkbox"/>
Joining fee	<input type="text" value="\$10.00"/>	<input type="checkbox"/>
Total Due	<input type="text"/>	

I wish to pay by (*Please click the box*)

- Cash (delivered by hand with this application form to the Treasurer WCMC)
- Cheque (made payable to Wagga Classic Motorcycle Club Inc and posted with this application form to the Treasurer WCMC)
- Direct deposit (using your name as a reference)

Bank: **Bendigo Bank**

Account: **Wagga Classic Motorcycle Club Inc.**

BSB: **633-000**

Account number: **157 341 694**

I hereby apply for membership of the Wagga Classic Motorcycle Club Inc (WCMC). I agree to read the rules of WCMC and to abide by them. I acknowledge that WCMC has no responsibility for any damage to or theft of machinery or possessions or any bodily injury sustained during participation in club events.

Signature Date

Nominated by club member Signature

Seconded by club member Signature

To ensure prompt consideration of your application, please complete and email to: wcmc30@gmail.com or print it and give to a club member.



WAGGA CLASSIC MOTORCYCLE CLUB INC.

Your list of cherished motorcycles

Optional (but very useful to the club)

Name

Classic (pre-1986) motorcycles owned

Make	Model and / or Capacity	Year

Other motorcycles owned

Make	Model and / or Capacity	Year

Office Checklist

Application approved by WCMC executive on Signature

Date application form and payment received Receipt No:

Membership No: Membership data base updated