



ACT MOTORCYCLE CLUB INC.

2018 Membership Application

All Memberships expire 31st December 2018

Junior and Guardian	Senior	Family
\$40*	\$35*	\$50*

*includes\$10 water levy

Please fill in ALL areas of this form

NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PLEASE COMPLETE THIS SECTION INCLUDING FAMILY MEMBERS PLEASE NOTE

NAME/S	DATE OF BIRTH	Discipline: MX / DT / Social Member

I acknowledge and agree that if required, the indemnity's (or any of them) may arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by the indemnities and I agree to meet all costs associated with such action. I understand it is compulsory for me to have ambulance insurance in some form and I accept responsibility for the cost of ambulance transportation, ambulance cover and further agree to maintain ambulance cover during the term of my licence/ membership.

Signed _____

Date _____

Cheque/ Money order payable to <u>ACT Motorcycle Club Inc</u>
<u>Post to:</u> Membership Registrar ACTMCC PO Box 3150 Manuka ACT 2603

<u>Admin Notes</u>	
Affiliation Card No	

ACT Motorcycle Club Banking Details BSB: 112-908 ACC: 050 124 204 Please put surname in description section when transferring Email to: actmcc@live.com.au
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