

ALICE SPRINGS MOTORCYCLE CLUB INCORPORATED
Po Box 956
Alice Springs NT 0871

MEMBERSHIP APPLICATION FORM

Membership Type: Single (\$50) Family (\$70)

Name: _____ Date of Birth: _____

Riding Number: _____ Riding Class: _____

MA License Number: _____ Expiry Date: _____

Street Address: _____

Town: _____

Postal Address: _____

E-mail Address: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Please list other family members to be included as members (family membership only) – If competitors, please complete MA License Number, DOB, Riding Class and Riding Number Sections.

Name	MA License Number	MA License Expiry	Date of Birth	Riding Class	Riding Number

Nominating Member

Seconding Member

Method of payment: Cash Check Money Order

Membership Number: _____ Date of Application: _____

Receipt Number: _____ Date Application Accepted: _____