



Classic Riders Club of Goulburn Inc.

APPLICATION FOR MEMBERSHIP

Applicant's Name _____

Street Address _____

Town _____ State _____ Postcode _____

Contact Telephone (Home) _____ (Work) _____

(Mobile) _____

Email _____

I **agree / do not agree**, to have my name and phone number on a list available to other members.

Signature _____ Date _____

Nominated by _____
(Member's name) (Signature)

Membership renewals are due on 1 August each year

MEMBERSHIP FEES

New membership full year – 1 August to 31 July – includes club badge and the 2nd year of membership for RMS requirements and insurance - \$25.00 per year plus \$30.00 joining fee = **TOTAL \$55.00**

New membership half year - 1 February to 31 July – \$12.50 plus \$30.00 joining fee = **TOTAL \$42.50**

PAYMENT OPTIONS

Cheques payable to Classic Riders Club of Goulburn Inc. and posted to –

Classic Riders Club of Goulburn Inc.
PO Box 415
GOULBURN NSW 2580

Direct Deposit to - BSB 082-624, Account Number 82185-9955, Name Classic Riders Club of Goulburn General Account

Office Use Only

AMOUNT PAID \$ _____ Receipt Number _____

MEMBERSHIP RECEIPT, ISSUE DATE _____

(1) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____

(2) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____

(3) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____

(4) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____

(5) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____

(6) MOTORCYCLE MAKE _____ MODEL _____ YEAR _____
REGISTRATION NUMBER _____ Date of Expiry _____