



WILLIAMSTOWN MOTORCYCLE CLUB INC

P.O. Box 593, WILLIAMSTOWN VIC 3016

MEMBERSHIP FORM

New Membership Family Membership Name : _____

Membership Renewal Tick to prevent details being published

Date : _____ Membership Number : _____

Surname : _____ Given name : _____

Postal Address : _____

If you are renewing your membership please fill in your current address and other details.

Suburb : _____ Postcode : _____

Contact Phone Number : _____ Mobile No. _____

Email Address : _____

Current Motor Cycle/s Make and Model : _____

In the event of my admission as a member, I agree to be bound by the Rules of Association for the Williamstown Motorcycle Club Inc.

Applicant's signature : _____

	WMCC Club Permit (Red Plate) Details	Permit Number
Bike 1		
Bike 2		
Bike 3		
Bike 4		

If you have more CPS bikes please put them on the back of this form, thanks.

In order for a New Membership Application to be accepted by the committee, two existing members must personally recommend the applicant for membership to the WMCC.

1st Membership nomination (New Members Only)

Nominating WMCC Member : _____ Member No. _____

Member's Signature : _____

2nd Membership nomination (New Members Only)

Nominating WMCC Member : _____ Member No. _____

Member's Signature : _____

Paying online details below

BSB - 633 000 **Account** 187 614 672 **Acc Name** Williamstown Motorcycle Club Inc.

Ref Your name Member number **Please email** - secretary@wmcc.org.au with receipt number.

Club Use Only:	
Committee Endorsement : _____	Date : _____
Meeting Attended: _____	Meeting/Event Attended: _____
Membership Fees <input type="checkbox"/> \$50.00 Single Membership	<input type="checkbox"/> \$60.00 Family Membership
Payment Method <input type="checkbox"/> Cash	<input type="checkbox"/> Elec Funds Transfer
Received By : _____	Date : _____
Database Updated <input type="checkbox"/>	email sent <input type="checkbox"/>