

WILLIAMSTOWN

P.O. Box 593, WILLIAMSTOWN VIC 3016
Reg No. A0031429S



MOTORCYCLE CLUB INC. MEMBERSHIP FORM

- Membership **RENEWAL** Membership **FAMILY**
 Membership **NEW** (Fill in address & Contact details then go to **NEW MEMBERS ONLY** section)
 Tick to prevent details being published

Date: _____ Membership Number: _____

Surname: _____ Given Name: _____

Postal Address: _____

Suburb: _____ Post code: _____

Members Mobile: _____ Emergency Contact **Name**: _____

Members Email: _____ Emergency Contact **Mobile**: _____

Current Motorcycle/s Make and model: _____

As a member, I agree to be bound by the Rules of Association for the Williamstown Motorcycle Club Inc.

Signature: _____

NEW MEMBERS ONLY this section

In order for a NEW MEMBERSHIP to be accepted by the committee, two existing members MUST personally recommend the applicant for membership to the WMCC.

Are you, or will you be requesting access to the clubs CPS scheme: YES NO

Nominating Member 1: NAME: _____ Members No: _____

Members Signature: _____

Nominating Member 2: NAME: _____ Members No: _____

Members Signature: _____

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: _____

Membership fee payment details

BSB – 633 000 **Account No** – 187 614 672

Ref – Your Name/member number

Account Name – Williamstown Motorcycle Club Inc.

Please also email – membership@wmcc.org.au

Club use only : Committee endorsement:

Date: _____

Meeting Attended:

Meeting/event Attended

Membership Fees \$50 Single Member

\$60 Family Membership

Payment Method Elec Funds Transfer

Cash

Received by: _____

Date: _____

Database updated

email sent