



Meredith & District Motorcycle Club

Inc.A0040725D
www.madmcc.org



Proudly Supported by Honda and Peter Stevens

MEMBERSHIP APPLICATION AND RENEWAL

Please Circle One:

New Member

Renewal

Family Name: _____ DATE: _____

Contact Address: _____

_____ . Postcode: _____

Phone Number: _____ Mobile: _____

Email Address: _____

AMBULANCE SUBSCRIBERS NUMBER (COMPULSORY) _____

RIDERS NAME	Date of Birth (dd/mm/yyyy)	RACE No. (Not compulsory)

MEMBERSHIP TYPE (Please Tick One)

- ❖ FAMILY..... \$70.00 ()
- ❖ SINGLE (16 years old & over)..... \$50.00 ()
- ❖ JUNIOR..... \$40.00 ()

Return to: The Secretary,
Meredith & District Motorcycle Club,
PO Box 2, Meredith, Victoria, 3333

(With a Stamped, Self Addressed Envelope to receive your membership card.)

- *Please make all cheques payable to Meredith & District Motorcycle Club*

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OFFICE USE ONLY: Amount Paid \$..... Date Paid.....