



## Membership Application Form

### The Classic Owners Motorcycle Club Inc.

First Name.....

Surname.....

Year Of Birth.....

Motorcycles Owned.....

.....

Interest in the Club (including Group Rides, Displays,

Exchange of Information, Social Activities, Library)

.....

Postal Address.....

.....

.....

.....

Phone Number.....

Email Address.....

Amount Paid.....

Posted Magazine (Yes/No) (The magazine is available online)

Date Paid.....

Treasurer's Signature (or their proxy).....

Membership Secretary accepted.....

Membership will be considered by the Committee at its next meeting 3<sup>rd</sup> Tuesday of the month and granted members will become full members as of their first attendance at a general club meeting 4<sup>th</sup> Tuesday of the month.