

Townsville Motorcycle Club , Inc.
PO Box 747 ,
AITKENVALE QLD 4814
 President : Shane Dee Ph 0407 740 517
 Secretary : Annette Franklin Ph 0417 024 321



2010 Townsville Motorcycle Club Membership Application Form

I ,, as a member of the

TOWNSVILLE MOTORCYCLE CLUB , INC.,

Agree to abide by the rules and conditions as outlined in the club constitution . My family and I will endeavour to **assist at work parties** for the upkeep of racing facilities used by the club , and will carry out the duties of **Flag Marshall if required** on race days .I will act at all times in a **sportsman like manner** and will **treat volunteer officials with due respect** . I will notify the club secretary of any change in my address . If I wish to practice on the Townsville Motorcycle Club Inc's property I will complete the prescribed "Practice Indemnity Form" , have at least a level two (2) licensed official in attendance , and abide by the practice conditions as set by the club .

MEMBERSHIP REQUIRED (Membership valid 12 Calendar months from date of acceptance) :

Senior \$40.00
 Junior \$ 30.00
 Family \$ 60.00

If family membership is required please include all names and dates of birth .

<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>
<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>
<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>
<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>
<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>
<i>Full Name :</i> <i>Postal Address:</i>	<i>DOB :</i> <i>(Ph):</i>	<i>Email:</i>

I have read and agree to abide by the conditions of this membership .

Signed :, **date**.....2010.

Club use only :

Date Accepted :Amount Paid :..... .Receipt No :.....Signed :.....

The above information is for club records only and will not be provided to any other society or institution.