



**TOWNSVILLE AND DISTRICTS
MOTORCYCLE RIDERS' ASSOCIATION
INCORPORATED**
PO Box 774, AITKENVALE, QLD, 4814.

Membership Application & Renewal Form

Please fill in all appropriate spaces provided below. Ensure to ✓ (tick) the relevant boxes as well.

Member 1

First Name: _____ Surname: _____ Date Of Birth / /

Member 2 (Applicable for joint or family memberships)

First Name: _____ Surname: _____ Date Of Birth / /

Residential Address: _____

Postal Address: _____

E-Mail Address: _____

Phone No. (Hm) _____ (Wk) _____ (Mobile) _____

Newsletter delivery by: Email yes [] no [] and/or Post yes [] no []

Details to be published on members phone list: yes [] no [] (if yes, see over)

Motorcycle(s)

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Insurance Company _____

I am interested in:	[A] Helping on the committee: []
[B] Organising Day Rides: []	[C] Helping with Major Events: []

New Membership: [] Or Renewal: []

Fees are: \$20.00 Single or \$25.00 Family (2 or more)

I have included Cash / Cheque / Money Order to the value of: \$

Signed: _____ Date: _____

Office Use Only

Fees Received: \$	Date: / /	M' Ship No:
Receipt No:	Expiry Date: / /	Card Sent []
No. Of Badges Sent: []	Notes:	



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We produce a Phone List of current members, for distribution to the committee and other key members, for the sole purpose of quickly contacting all members in the event of any impromptu or unadvertised rides or meetings.

We respect the privacy of our members and will only release your contact details to other members with your written permission. If you agree to have your details added to the list and maintain the privacy of other members on such a list, please sign below as confirmation.

I,, hereby consent to having my telephone contact details added to the Phone List and agree not to release any details from any such list, to any person who is not a current member, without the express permission of the member concerned.

Signed:, Date:

Witnessed:, Date: