

# **ALBANY VINTAGE & CLASSIC MOTORCYCLE CLUB INC.**

## **APPLICATION FOR MEMBERSHIP**

SURNAME: .....

FIRST NAMES: ..... AGE: .....

ADDRESS: .....

..... POST CODE: .....

TELEPHONE: PRIVATE: ..... WORK: .....

EMAIL: ..... OCCUPATION: .....

DECLARATION & INDEMNITY: I hereby agree to abide by the regulations and constitution of the Albany Vintage & Classic Motorcycle Club Incorporated. In consideration of the acceptance of this application, I agree to save harmless and keep indemnified the Albany Vintage & Classic Motorcycle Club Inc., the promoters and organisers and all other club members, their respective officials, servants, agents and representatives against all acts on claims, costs, expenses and all demands in respect of death, injury, loss of or damage to the person or property of myself or passengers however caused arising out of or in connection with this application, except insofar as same are covered by an insurance policy with the Motor Vehicle Insurance Trust or some other insurance company. I understand that all monies paid will be refunded should my application be declined.

APPLICANTS SIGNATURE: ..... DATE: .....

PROPOSED BY: ..... *NOTE: Proposer must be a financial member*

My current motorcycles are: .....

.....

NOTE: Motorcycles eligible for concessional license must be at least 25 years old.

FEES: **Application fee \$25.00**

**PLUS:** Annual Subscriptions: \$25.00 (Due April 1 each year) or Family: \$30.00  
6 Month Subscription (if joining after October 31): \$12.50 or Family: \$15.00

PLEASE FORWARD TO:

Membership Secretary, Albany Vintage & Classic Motorcycle Club (Inc.), P.O. Box 429, Albany 6331

*Send a CHEQUE, CASH or DIRECT DEPOSIT*

*Direct Deposit:* Albany Vintage & Classic Motorcycle Club Account

BANKWEST BSB 306-001 Account 0357190 Narration: **Your name**

*If using Direct Deposit method you must send the application form and indicate how you've paid*