



# ACT MOTORCYCLE CLUB INC.

## 2015 Membership Application

All Memberships expire 31st December 2015

Junior and Guardian	Senior	Family	Day
\$110*	\$100*	\$120*	\$20

\*Includes \$10 Water levy

**Please fill in ALL areas of this form.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: BH \_\_\_\_\_ AH \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE COMPLETE THIS SECTION INCLUDING FAMILY MEMBERS PLEASE NOTE**

NAME/S	DATE OF BIRTH	Discipline: MX/DT/Social Member

I Acknowledge and agree that if required, the indemity's (or any of them) may arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by the indemities and i agree to meet all costs associated with such action.

I understand it is compulsory for me to have ambulance insurance in some form and i accept responsibility for the cost of ambulance transportation, ambulance cover and futher agree to maintain ambulance cover during the term of my licence/membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Cheque/Money order payable to  
**ACT Motorcycle Club Inc**  
 Post To: Membership Registrar  
 ACT MCC  
 PO Box 3150  
 Manuka ACT 2603

Admin Notes  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Affiliation Card No** \_\_\_\_\_

**ACT Motorcycle Club Banking Details**  
 BSB: 112-908  
 ACC: 050 124 204 Please put surname in description section when transferring  
 Email to: actmcc@live.com.au