



NO. _____

MORGAN MOTORCYCLE CLUB **Membership Application 2010**

**MEMBERSHIP IS APPLICABLE TO PERSONS OVER THE AGE OF 18.
PERSONS UNDER 18 YEARS OF AGE MUST HAVE PARENT OR GUARDIAN JOIN AS
FAMILY MEMBER**

Surname _____ Given Names _____

Date of Birth ____/____/____

Postal Address _____

Postcode _____

Contact Telephone Number _____ Mobile _____

E-mail Address _____

Spouse's/Partner's Name _____

Children's Names:

SURNAME	GIVEN NAMES	DOB

I hereby apply for membership of the Morgan Motorcycle club. I undertake to recognise and submit to the rules and regulations as may from time to time be in force for the government and working of the said club.

Fees - Single - Family \$25.00 please circle

Membership paid after 16/5/2010 will incur a **\$10** late fee

APPLICANT'S SIGNATURE (MUST BE 18 OR OLDER)

_____ Date ____/____/____

Post to: Secretary Morgan Motorcycle Club, PO Box 87 Nildottie SA 5238

Please include a stamped self addressed envelope if you would like your membership card mailed.

Otherwise, cards will be available for collection at each race meeting