



NO. _____

MORGAN MOTORCYCLE CLUB Membership Application 2012

**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 \$40.00 please circle

Membership paid after 13/5/2012 will incur a **\$10** late fee

APPLICANT'S SIGNATURE (MUST BE 18 OR OLDER)

_____ Date ____/____/____

Post to: Secretary Morgan Motorcycle Club, PO Box 2, ANGASTON SA 5353
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