

Westland Motorcycle Club

C/O P.O.Box 209 Greymouth

Email: westlandmotorcycleclub@hotmail.com

Affiliated with Motorcycling New Zealand

Club Membership Application 1st July 2016-30th June 2017



Applicant Name: _____

PH: _____ Mobile: _____

Email: _____

Address: _____

D.O.B: _____

Family – Other Family members to be included in this application

<u>Name</u>	<u>D.O.B</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Application: _____ Date: _____

Note: This form must also be signed by authorised guardian if applicant is under 16 year at time of application.

Signature of Guardian: _____ Date: _____

Membership Fees:

Senior \$30-00 \$ _____

Junior \$20-00 \$ _____

Mini \$20-00 \$ _____

Family \$50-00 \$ _____

Total Payment enclosed: \$ _____

Please Mail to P.O. Box 209 Greymouth

Club website: www.westlandmotorcycleclub.co.nz

Office use only: Receipt No. _____ Club Membership No. _____

Welcome to the Westland Motorcycle Club

