

Koo Wee Rup



And District Motor Cycle Club Inc.

Reg No: A0009438T ABN: 83 244 697 045

Address: P.O. Box 353, Pakenham, 3810

Phone : 0458 250 450 Email: committee@kooweerupmcc.com.au

BENDIGO BANK - BSB: 633 108 - Acc #: 151977204 - Acc Name: Koo Wee Rup & District MotorCycle Club

DAY PASS **or** MEMBERSHIP APPLICATION / RENEWAL FORM

❖ New members will be proposed by the President, seconded by the secretary and accepted subject to the Associations Rules.

❖ **ALL Members renewing membership (including Life / Honorary Members) must complete this form each year to ensure all details are current.**

PRIMARY PERSON

Family Name: _____ Given Name: _____ DOB: ___ / ___ / _____

Address: _____ Post Code: _____

Phone #: _____ Email: _____ **Ambulance Membership** Yes / No **please circle**

DAY PASS - \$20.00 (includes single or whole family) Date: ___ / ___ / ___ Date: ___ / ___ / ___ Date: ___ / ___ / ___

Money paid for Day Pass can be credited to full membership if paid within same year.

MEMBERSHIP TYPE (tick membership required) **NB: Membership renewal date is from 1st October each year**

JUNIOR - \$40.00 pa [] **SENIOR** - \$65.00 pa [] **FAMILY** (2 adults plus children <18yo) - \$80.00 pa [] **LIFE / HONORARY** - \$0 []

Club Permit can be included in Senior or Family Membership if requested by ticking box below.

FAMILY DETAILS (2 Adults (parent / carer) and children < 18yo) (NB: child >18yo require a separate Senior Membership)

Family Name: _____ Given Name: _____ DOB: ___ / ___ / _____

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REASON FOR JOINING (please tick appropriate box / boxes) **COMPETITIVE Riding** [] **SOCIAL Riding** [] **CLUB PERMIT** []

EMERGENCY CONTACT **Relationship:-** **Spouse** [] **Parent** [] **Guardian** [] **Other** []

Family Name: _____ Given Name: _____ Phone #: _____

Address: _____ Post Code: _____

I wish to receive text messages in relation to the following (please tick appropriate box / boxes) **Messages will be sent to the boxes ticked.**

McGregor Road Track [] **Trail rides** [] **Road Rides** [] **Adventure Rides** [] **All Club** []

NB: additional texts will be sent to ALL members in relation to fortnightly meetings or special events etc.

By signing this form either for Day Pass or Membership, I understand that :-

- Signing this form is agreement to be bound by the Constitution (Rules) of the KWR&DMCC Inc. (available @ <http://www.kooweerupmcc.com.au/>)
- In the absence of Ambulance membership, and should an ambulance be required, the member will be responsible for all costs. The KWR&DMCC Inc. encourages all members to have Ambulance Membership.
- Phone texts and email may be used to communicate club functions, requests for assistance and the like. In all other respects, member privacy will be maintained in accordance with the Rules of the Association.
- The KWR&DMCC Inc. operates / exists thanks to volunteers, as such member assistance may be requested from time to time.
- Motorsport is dangerous and participation in any KWR&DMCC Inc. event is done so at own risk. Furthermore, members will in no way hold the KWR&DMCC Inc, ride organizers, sponsors, or property owners responsible for injury, loss or damage to person or property or other.

NAME _____ **Applicant (Single or Family)** [] **Parent** [] **Guardian** []

SIGNED _____ **DATE** ___ / ___ / _____

OFFICE USE (I Only n relation to memberships)

Date Admitted/Renewed ___ / ___ / _____

Member # _____

Signed _____

Signed _____

PRESIDENT

SECRETARY