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*

MEMBERSHIP APPLICATION / RENEWAL FORM – KWR&DMCC INC.

- *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 MEMBER

Family Name: _____ **Given Name:** _____ **DOB:** ____ / ____ / _____

Address: _____ **Post Code:** _____

Phone #: _____ **Email:** _____

Occupation: _____ **Ambulance Membership** : Yes / No ***please circle***

MEMBERSHIP TYPE *(tick membership required)* ***NB: Membership date is from 30th September to 1st October each year***

JUNIOR - $50.00 pa [ ] **SENIOR** - $70.00 pa [ ] **FAMILY** (2 adults plus children <18yo) - $90.00 pa [ ] **LIFE / HONORARY** - $0 [ ]

DAY - $20.00 [ ] **Date:** ____ / ____ / _____ **Date:** ____ / ____ / _____ **Date:** ____ / ____ / _____

NB: Max 3 Day Memberships, then full membership required. *Money paid for Day membership will be credited to full membership if paid within same year.*

FAMILY MEMBERSHIP DETAILS (2 Adults (parent / carer) and children < 18yo) ***(NB: child >18yo need separate Senior membership)***

Family Name: _____ Given Name: _____ DOB: ___ / ___ / _____
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Club Permit can be included in Senior OR Family Membership by ticking box below.

REASON FOR JOINING *(please tick appropriate box / boxes)* **COMPETETIVE 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.

Members 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 ONLY

Date Admitted/Renewed ____ / ____ / _____ ***Member #*** _____

Signed _____ **PRESIDENT**

Signed _____ **SECRETARY**