

# The Classic Motorcycle Club

P O Box 7709 ALBERMARLE 1410

## Membership Application / Renewal Form

**Bank Account Details: STANDARD BANK – BENONI BRANCH – ACCOUNT NO 420-188-738**

**Please fax DEPOSIT SLIP AND FORM to the TREASURER ON 086 672 8941**

Please PRINT clearly and return with payment / Renewal / New Member (Delete ONE only)

DATE: \_\_\_\_\_ Proposed By: \_\_\_\_\_ Mem No.: \_\_\_\_\_

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

**ID NO.:** \_\_\_\_\_ **Indemnity No.:** \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

Code: \_\_\_\_\_

TEL : (H) \_\_\_\_\_ (W) \_\_\_\_\_

FAX : \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL : \_\_\_\_\_ PARTNER'S NAME: \_\_\_\_\_

**BIKE INFO** - Please Note: This information is for club records only and will not be published unless authorised.

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Capacity</b>	<b>Condition</b>
1 _____				
2 _____				
3 _____				
4 _____				

**Please PRINT clearly on reverse if more space is needed**

**I, the undersigned hereby indemnify the Classic Motorcycle Club of any damage, injury or loss that may be suffered by myself or my dependants, which may arise from our participation at the Clubhouse or any organised runs and thus participate entirely at my/our own risk.**

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Membership Fee: R280,00

Joining Fee: R 70,00

Method of Payment: \_\_\_\_\_

CONDITION= 'A'–Concours, 'B'–Roadworthy, 'C'–Complete, 'D'–In-Progress, 'E'–Basket 'F'–Competition

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Form and Fees received from: \_\_\_\_\_ R 280,00 Membership  
R 70,00 Joining Fee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the Classic Motorcycle Club