



# Classic Riders Club of Goulburn Inc

PO Box 415, Goulburn NSW 2580

## APPLICATION FOR MEMBERSHIP

**Applicant's Name** \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Email \_\_\_\_\_

I **agree / do not agree**, to have my name and phone number on a list available to other members.

Emergency (NOK) Name \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Nominated by \_\_\_\_\_  
(Member's name) (Signature)

*Membership renewals are due on 1 August each year  
(members to maintain 1 year in advance membership fee)*

### MEMBERSHIP FEES

- **New membership full year** – 1 August to 31 July – **includes club badge** and the 2<sup>nd</sup> year of membership for historic registration requirements and insurance – \$30.00 per year plus \$35.00 joining fee = **TOTAL \$65.00**
- **New membership half year** - 1 February to 31 July – \$15.00 plus \$35.00 joining fee = **TOTAL \$50.00**

### PAYMENT OPTIONS

- Cheques payable to Classic Riders Club of Goulburn Inc. and posted to – Classic Riders Club of Goulburn Inc. PO Box 415 GOULBURN NSW 2580
- Direct Deposit to - BSB 082-624, Account Number 82185-9955, Name Classic Riders Club of Goulburn General Account

#### Office Use Only

AMOUNT PAID \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_ Issue DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Card Issued  Membership Badge Issued

(1) Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

(2) Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

(3) Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

(4) Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

5 Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

6 Motorcycle \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make  
Registration No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_