

Year 20....

PRINT SURNAME
HERE PLEASE

MOTORCYCLE TRIALS CLUB OF QUEENSLAND Inc.



MOTORCYCLE TRIALS CLUB OF QLD INC. (AFFILIATED WITH MA QLD) MEMBERSHIP APPLICATION FORM

I, the undersigned, wish to

Apply for new membership	
Apply to renew my existing membership	
Acknowledge my Life Membership status and request newsletters continue to be sent (failure to return this form will remove you from the newsletter address list)	

Please tick the relevant box

PLEASE PRINT

	FULL NAMES	MA RIDING NUMBER:	LICENCE NUMBER
1			
2			
3			
4			
5			
6			

ADDRESS: _____

P/C _____

PHONE HOME _____ BUSINESS / Mobile _____



E-mail _____

If this application for membership into the Motorcycle Trials Club of Queensland Inc is accepted, I agree to uphold all the ideals and by-laws of the Club as set out in the Club constitution.

Amount enclosed:- \$.....

SIGNED:

DATE ___/___/___

Please complete and return to the club mailing address

THE SECRETARY
PO BOX 6311
UPPER MT GRAVATT
4122

MEMBERSHIP FEES (ANNUAL)	
LIFE MEMBER.....	\$00.00
FAMILY MEMBERSHIP.....	\$25.00
LICENSED RIDER	\$15.00
NON-COMPETITIVE MEMBER.....	\$10.00
JUNIOR.....	\$10.00
Club use only	
PAID: \$	
Date:- / /	
Receipt number.....	
CLUB TREASURER:	
CLUB SECRETARY:	
Mailing list update / /	

Remember, your licence becomes invalid if you do not renew your membership.

I give/ do not give permission for photos of myself and my family taken at trials to be published in the club newsletter and on trials site on the internet, with the understanding that such photos will enhance the image of Motorcycle Trials. Copies of any published photos will be available from the photographer.