

NORTH COAST ROAD RACERS INC



MEMBERSHIP FORM

Please Print Clearly

I / We.....
(Applicant's full name)

Of (address)
(Postal address)

Phone
(Home)..... (Mob).....

1st Family Member Name..... DOB..... **MA/Ridernet Licence No**.....

2nd Family Member Name..... DOB..... **MA/Ridernet Licence No**

Email.....

Emergency Contact Name..... Emergency Contact Phone Number.....

New Member () Renewal ()

Competition Member -\$25 () Social Member -\$10 () Family Membership-\$35 () Life Member ()
Temporary Member -\$10 ()

Bike- Make..... Model.....

Preferred racing number

Membership expires 31st December 2019

Please circle

I/We agree that our phone number can be made available to other club members. Yes/No

I/We agree to be bound by the rules of NCRR Inc, Yes/No

I/We are aware that in order to promote the club photos may be taken and may be published online, I/We give permission for the photos to be published online. Yes/No

Signed: _____ Date: _____

Payment must accompany Membership.

EFT: North Coast Road Racers Inc. BSB: 533-000 ACC: 189626

OR: Email to northcoastroadracers@gmail.com with Club Membership in the subject

Payment must accompany membership. EFT Name: North Coast Road Racers Inc,

BSB: 533-000, ACC: 189626

Payment Type..... Date..... Amount.....

Affil No..... Ridernet Completed Date