South Grafton Ex-Services Motorcycle Club
2009 Membership Application

Name……..

Postal Address…….

……State……..P/Code……..

Telephone (H)……(M)……

Do you have the internet ? Yes No (Please circle one)

E-mail Address……

Member Details

Name DOB (Jnr Only) MA Licence No

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Membership Type Family $30 Single $20 (please circle one)

As part of being accepted as a member of the South Grafton Ex-Service Motorcycle Club Inc, I agree to abide by the club rules and acknowledge that I will participate in club activities including working bees, monthly meetings and organized club events.

Signed…….

If under 18 years
Parent/Guardian……..

Date……..

Return to : P O Box 451, Grafton NSW 2460.

Official use only:

Receipt No……Affiliation No……Date……

Treasurer……..Secretary……