

TOWNSVILLE RESTORED MOTORCYCLE CLUB INC.,

PO Box 1016 AITKENVALE Q 4814



- APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION..... Application Fee CASH / CHEQUE \$.....

FULL NAME of APPLICANT

.....PARTNER.....

ADDRESS (PLEASE PRINT).....

PHONE NUMBER..... MOBILE..... E-MAIL.....

Old Transport Dept requires that TRMCC must have details of all motorcycles on Concessional registration, details of other Motorcycles are optional.

YEAR	MAKE	MODEL	CONDITION	REGO No (if SIV)

SIGNED..... DATE.....

THIS SECTION IS FOR THE ABOVE APPLICANT ONLY

NOMINATED BY (NAME)..... SIGNATURE.....

SECONDED BY (NAME)..... SIGNATURE.....

APPLICATION ACCEPTED / REJECTED (please circle) by MANAGEMENT COMMITTEE / CLUB

(Name of applicant), please be advised that TRMCC has

ACCEPTED / REJECTED (please circle) your application for membership

Date..... Applicants acknowledgement