



PO Box 1016 Aitkenvale Q 4814

• **Application For Membership**

Date of Application:/...../..... Application Fee (cash / cheque / bank deposit) \$

Full Name of Applicant:

Partners Preferred Name:

Address (Print):

.....

Phone Number: Mobile:

Email:

The TRMCC website is open to the general public. Are you happy for photos containing images of yourself and/or your motorcycles to be shown on the club website? **Circle: YES or NO**

Qld Transport Dept requires that TRMCC **must** have details of all motorcycles on Concessional registration. Use back of form if you have more than 4.

YEAR	MAKE	MODEL	SIV REGO No

Signed:

Date:

This Section is for Admin Only

Nominated by (Name): Signature:

Seconded by (Name): Signature:

Application Accepted/Rejected (circle) by Executive Committee/Club

Name of applicant:

Please be advised that TRMCC has **Accepted/Rejected** (Circle) your application for membership.

Your membership number is:

Date:/...../..... Applicants acknowledgment