



# South Grafton Ex-Services Motorcycle Club Inc. 2018 Membership Renewal



The goal of this motorcycle club is to foster the sport of motorcycling. Our objectives are to foster junior development and to encourage as many newcomers as possible, to share our resources and experiences to promote safe and pleasurable activities involving all facets and to preserve the sport of motorcycling.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone(H): \_\_\_\_\_ (Mob): \_\_\_\_\_

**E-mail Address** - For newsletters and club updates (**PLEASE PRINT CLEARLY**)

**Member Details**

Name	Date of Birth	MA Licence Number	Next of Kin	Next of Kin Phone Number

What discipline of Motorcycling are you interested in? **Click the box for the one you are most interested.**

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| Motocross <input type="checkbox"/>   | Enduro <input type="checkbox"/>             | Speedway <input type="checkbox"/>      | Dirt Track <input type="checkbox"/>               |
| Officiating <input type="checkbox"/> | Social Road Ride <input type="checkbox"/>   | Dirt Drags <input type="checkbox"/>    | Road Racing <input type="checkbox"/>              |
| Trials <input type="checkbox"/>      | Social Trail Rides <input type="checkbox"/> | Social Aspect <input type="checkbox"/> | Junior Development <input type="checkbox"/>       |
|                                      |   |  | Vintage/Veteran/ Classic <input type="checkbox"/> |

Membership Type - **Family \$75**                       **Single \$50**  (**PLEASE TICK ONE**)

***DIRECT DEPOSIT DETAILS** – ANZ BSB No 012 645, Account No 2145 49445 (Please use name or licence number as reference and include payment receipt with membership form)*

***As part of being 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: \_\_\_\_\_ **POST to:** PO Box 451, Grafton NSW 2460  
**OR EMAIL:** [sgemcc@hotmail.com](mailto:sgemcc@hotmail.com)  
**OR RENEW ONLINE:** [RIDERNET ONLINE SGEMCC MEMBERSHIP](#)

*Official use only:*  
 Receipt No.....Affiliation No.....Date.....  
 Treasurer.....Secretary.....