

Inverell Motorcycle Sports Club

PO Box 8 Inverell NSW 2360

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2020 CLUB MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

TOWN: _____

EMAIL: _____

PHONE: _____

EMERGENCY CONTACT:

NAME: _____

NUMBER: _____

PRICE:

SINGLE \$ 40

FAMILY \$ 70

RIDERS NAME: _____

D.O.B. _____

MA LICENCE NO: _____ EXPIRY: _____

RIDERS NAME: _____

D.O.B. _____

MA LICENCE NO: _____ EXPIRY: _____

RIDERS NAME: _____

D.O.B. _____

MA LICENCE NO: _____ EXPIRY: _____

SIGNED: _____

(Parent/Gaurdian)

CARD ISSUED:			
DATE:			
PAYMENT:	CASH OR EFTPOS	AMOUNT:	