

**Port Macquarie Classic Motorcycle Club Inc**

**Membership Application Form**

**First Name/s:..... Last Name:.....**

**Date of Birth:...../...../.....**

**Address:.....**

.....

**Postcode:.....**

**Home Phone:..... Mobile:.....**

**Email Address:.....**

**Classic Motorcycle(s) owned:.....**

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.....

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**Add additional page if insufficient Space.**

**Fee Paid:.....(Secretary etc to Sign)**

**Indemnity Form Signed – Yes:.....(Secretary etc to Sign)**

**Turn over to Sign Release and Indemnity form**