



ACT MOTORCYCLE CLUB INC.

2010 Membership Application

Junior and Guardian	Senior	Family	Day
\$90	\$80	\$100	\$20

SURNAME	FIRST NAME	D.O.B	DISCIPLINE DT/MX/REC/OTHER	RIDER/SOCIAL MEMBER

<u>Address</u>	
<u>Town</u>	<u>Postcode</u>
<u>Phone Home</u>	<u>Mobile</u>
<u>E-Mail</u>	

I agree to comply with Membership Statement and Indemnity as posted of the ACT MCC website.

www.actmcc.com/

I Acknowledge and agree that if required, the indemnity's (or any of them) may arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by the indemnities and I agree to meet all costs associated with such action.

I understand it is compulsory for me to have ambulance insurance in some form and I accept responsibility for the cost of ambulance transportation, ambulance cover and further agree to maintain ambulance cover during the term of my licence/membership.

Signed _____ Date _____

Cheque/Money order payable to ACT Motorcycle Club Inc Post To: Membership Registrar ACT MCC PO Box 3150 Manuka ACT 2603

<u>Admin Notes</u>
<u>Affiliation Card No</u>