

C.R.A.B. South Coast Kingies Membership Form



OFFICE USE ONLY
Checked By:
Forward By:
Seconded By:
Date Approved/Rejected:
President:
Secretary:
Membership Number:

Please return to Secretary or post to: PO Box 391 Bermagui NSW 2546

Name:	Date:
Nickname or riding name:	
Residential Address:	
Postal Address:	
Email:	
Home Phone:	Mobile Phone:
Emergency contact (name & phone):	
Date Of Birth:	Occupation:

Riding or Non-Riding Member (Tick)	Riding	<input type="checkbox"/>	Non	<input type="checkbox"/>
(If Riding member, must be over 25 years of age and complete below section)				
Drivers Licence Number		Licence Class		
Bike Model		Engine Capacity		
Speedo		Riding experience (years)		

Why do you want to join this Club?

Annual Membership Fee is \$30.00 (both riding and non-riding members)
 Please include membership fee with this completed form
 By signing the below you are agreeing to attend minimum 3 rides per year as a riding member and help with fundraising events through the year (riding & non-riding members)

Signed: _____