

APPLICATION FOR MEMBERSHIP

Year 1 August 2022 to 31 July 2023

PLEASE FILL IN *ALL* DETAILS

Name:	Date of Birth:	
Postal Address:		
	Postcode:	
Home Phone:	Mobile Phone:	
Email address:		
CLASS OF MEMBERSHIP:		
□ Junior (under 16 years of age)		\$ 5.00
□ Senior (16 years of age and ov	er)	\$ 15.00
☐ Family (up to 2 adults and 2 ch	ildren under 16 years of age)	\$ 20.00
Plus \$5 each for any additional children under 16 years of age		\$
For family membership specif	y names and date of birth:	
Name:	D.O.B	
TOTAL		\$
SELECT ONE:		
□ Renewal : I was member in the	previous membership year, ending 31 July 2022	2.
New Member: Please note you committee meeting for consider	r application will be put forward to the next monation.	thly
11 5	n please sign if this is for a Junior Membership)	
or bank deposit to ou	e (payable to Horowhenua Motorcycle Club, cas ur Westpac account 03-0667-0272290-000	
(please advise date of deposit	and post or scan/email this application	i torm to us).