

Yearly Membership Subscription for Affiliated with MA Australia

I hereby apply for membership of the
Silver City Motorcycle Club Inc.



Name _____

Address _____

_____ Phone _____

Date of Birth _____ Email _____

Tick the correct membership option/s below (Membership fees are inclusive of GST)

☐ \$ 40.00 Family membership (new or renewal)

☐ \$ 35.00 Senior membership (new or renewal)

☐ \$ 25.00 Junior membership (new or renewal) 16yr & under (Parent to sign also)

☐ \$ 10.00 Associate membership (non-voting)

(Associate membership is intended for non-local riders, it is non-voting and limited to one ride only per year, including admittance to the clubs facilities for that event, associate members need to upgrade to a full membership if they wish to attend a second ride per year)

☐ New membership application (All new membership applicants must attend a meeting and be nominated and seconded by financial members of the SCMCC Inc. to be considered for membership)

Nominated by _____ Seconded by _____

List any additional family members eligible for family membership

| Surname | First Name | Date of Birth | |
|---------|------------|---------------|--|
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In submitting this application with the appropriate fee, I agree to the Memorandum and Articles of Association and all the rules of the Silver City Motorcycle Club Inc. (SCMCC). I further agree neither the SCMCC, its elected committees, members or executive, any property owners, managers, employees or visitors will be held responsible for any damage/s or loss to my motorcycle or its parts while partaking in any club activity, or any damage that I, or my motorcycle may cause or sustain, and waive my right of action at law against the SCMCC, its elected committees, members or executive, any property owners, managers, employees or visitors.

SCMCC reserves the right to refuse or reject any membership application or renewal.

I acknowledge that all memberships cease on January 1st every year

Member Sign

If U/18 Parent/Guardian must also Sign

Date _____

Date _____

For Direct Deposit ~ Broken Hill Community Credit Union BSB 802-377 Acc 37702860
Please put your full name on the deposit as the reference