

QUEENSLAND MOTORCYCLE COUNCIL Inc

Application for Affiliate Membership

Organisation Name: _____

Organisation Type: _____

Address:

Street _____

Suburb _____

State _____ Postcode _____

Email: _____

Web Address: _____

Primary Contact Details

Name: _____

Telephone: _____

Mobile: _____

Email: _____

Declaration

I have read, and agree to comply with, the Constitution, Code of Conduct and By-Laws of the Queensland Motorcycle Council Inc.

Signed: _____ (by primary contact on behalf of organisation)

Date: __/__/__

Nomination Details

Proposer:

Name _____ Membership number _____

Signature _____ Date: __/__/__

Secunder:

Name _____ Membership number _____

Signature _____ Date: __/__/__

Office Use Only

Application Approved: Yes/No _____ Membership number _____

Date: __/__/__