

# QUEENSLAND MOTORCYCLE COUNCIL Inc

## Application for Membership

**Surname:** \_\_\_\_\_

**Given names:** \_\_\_\_\_

**Gender:** Male  Female  Other \_\_\_\_\_

**Year of Birth:** \_\_\_\_\_

**Address:**

**Street** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Contact Details**

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: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Payment Details**

Direct Debit: Acct name: Queensland Motorcycle Council Inc BSB: 633000 Acct No: 185878485

Cheque or Money Order: Payable to Queensland Motorcycle Council Inc Post to: P.O. Box 72, Mt Nebo, QLD. 4520

**Nomination Details**

**Proposer:**

Name \_\_\_\_\_ Membership number \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Secunder:**

Name \_\_\_\_\_ Membership number \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only**

Application Approved: Yes/No \_\_\_\_\_ Membership number \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_