



ADDRESS: P.O. BOX 550 GYMPIE QLD 4570

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ENQUIRIES:

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MEMBERSHIP APPLICATION 2019

YOUR MEMBERSHIP COMMENCES ON THE 1ST JANUARY AND TERMINATES ON THE 31ST DECEMBER

FAMILY MEMBERS NAME	D.O.B	M/F	CONTACT NUMBER

POSTAL ADDRESS:

EMERGENCY CONTACT DETAILS

NAME:

PHONE:

EMAIL:

RELATIONSHIP:

ANNUAL FEE: Tick applicable box

FAMILY MEMBERSHIP (\$45)

SINGLE MEMBERSHIP (\$45)

I HEREBY AGREE TO ABIDE BY AND OBSERVE ALL CLUB RULES

Signed:

Date:

Direct Deposits:

Bank of Queensland

BSB: 124-047 A/C No: 10181654

Reference: Use your surname and initial

Send this membership form in with a copy of your direct deposit receipt

Office Use:

Rec #

M/S #:

Sent: