



2010 Membership Application Form

Status **Renewal** **New**
PERSONAL DETAILS

Surname: _____ First Name: _____
 Address: _____ Home Phone: _____
 _____ Work Phone: _____
 _____ Mobile: _____
 D.O.B _____ Current Bike: _____
 Email Address _____

Other Motorcycle Clubs of which you are a member _____

Any current MA competition licence or competition race number? (For race numbers state if for Supermoto or other discipline i.e. motocross, road race)

MA Licence Number _____ Expiry date _____
 MA Race Number _____ Discipline _____

Any training or skills that could benefit the club i.e. First Aid, marshalling, Steward, etc

Payment details

Cheques/Money orders payable to SupermotoWA. Return your completed form to
 6 Milford Green, Mindarie, 6030, WA

Complete if paying by credit card and- fax this form to 9407 9151
 Please deduct the amount from my: _ Visa _ Mastercard

Card number	Expiry	Amount	Cardholder's signature

You can EFT your payment - fax remittance advice and this form to 9407 9151

Account Name: Supermoto WA BSB No: 086 275 A/C No: 574734388 Ref: Your name

2010 MEMEBERSHIP FEES: \$200.00 for Senior Competitor \$50 Non Competitive