**MEMBERSHIP APPLICATION 2018**

|  |  |
| --- | --- |
| Name |  |
| Address |  | Post Code |  |
| Telephone |  | Mobile |  |
| Email |  | Date of Birth |  |
| Next of Kin |  | Contact Phone |  |
| Relationship to member |  |
| Transponder Number(s) |  | BMCC Membership # |  |
| MA Licence Number |  | Riders Number |  |

*By signing this application, I agree to be bound by the rules, regulations and constitution of the Brisbane Motorcycle Club Inc. and it is a condition of admittance to the association that all persons having any connection with the organisation and/or conduct of the association, including the owners of the land and the riders and/or officials and the owners of the vehicles and passengers in the vehicles, are absolved from all liability arising out of the accidents causing damage or personal injury to any persons or equipment except when due care and skill has not been exercised.*

***Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_***

***If the applicant is under the age of eighteen the following must be completed.***

***I hereby give my approval to the application as signed above.***

***Parent/Guardian***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_***

***$60.00 per year Single $100.00 per year Family.***

*To ensure you are informed on what’s happening with your club, join our website and stay updated, receive your supplementary regulations, event and general information via email.*

*To join go to*[***www.brisbanemotorcycleclub.com.au***](http://www.brisbanemotorcycleclub.com.au)

**MEMBERSHIP BIKE IDENTIFICATION**

*This information may be used in the event of an incident to reduce the risk of confusion to identify a rider. These details will remain confidential.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bike Year |  | Bike Make |  | Model & CC’s |  | Riding No. |  |
|  |  |  |  |
|  |  |  |  |

**MEMBERSHIP MEDICAL HISTORY**

*All information submitted is confidential and will only be used in case of emergency.*

|  |  |
| --- | --- |
| Name |  |
| Address |  | Post Code |  |
| Telephone |  | Mobile |  |
| Date of Birth |  | Age as at 01/01/2018 |  |
| Next of Kin |  | Contact Phone |  |
| Relationship to member |  |
| Do you have any allergies? | YES |  | NO |  |
| If Yes, please list |  |
|  |
| Are you currently on any medications? | YES |  | NO |  |
| If Yes, please list |  |
|  |  |
| Please list any health issues. |  |
|  |  |