



GRIFFITH MOTORCYCLE SPORTS CLUB INC

PO BOX 2124 GRIFFITH NSW 2680

NOMINATION FOR MEMBERSHIP

WE HEREBY NOMINATE:.....

FULL NAME:.....DOB.....

POSTAL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

PHONE HOME.....WORK.....MOBILE.....

E-MAIL.....

PROPOSER:.....SECONDER:.....

STATE HOW LONG YOU HAVE KNOWN THE CANDIDATE:-
.....yearsyears

I HEREBY CONSENT TO MY NOMINATION AS A MEMBER OF THE GRIFFITH MOTOR SPORTS CLUB. I AGREE THAT IF MY NOMINATION IS APPROVED, I WILL, AS A MEMBER OF THE CLUB, BE BOUND BY THE CONSTITUTION AND RULES OF THE CLUB, AND I EXPRESSLY ABSOLVE THE CLUB AND ITS MEMBERS FROM ALL LIABILITY ARISING OUT OF OR INCIDENTAL TO MY ACTIVITIES AS A MEMBER OF THE CLUB.

STATE AGE IF UNDER THE AGE OF 18 YEARS:.....

SIGNATURE OF NOMINEE:.....DATE:.....

I, BEING THE PARENT/GUARDIAN OF
....., HEREBY CONSENT TO HIS/HER
NOMINATION AS A MEMBER OF THE GRIFFITH MOTOR SPORTS CLUB, AND I AGREE THAT I
WILL ABSOLVE THE CLUB AND ITS MEMBERS FROM ALL LIABILITY ARISING OUT OF OR
INCIDENTAL TO THE ACTIVITIES OF THE AFOREMENTIONED AS A MEMBER OF THE CLUB.

SIGNATURE OF PARENT/GUARDIAN

DATE OF BIRTH: BIKE NO :.....

OTHER NAMES IF USING FAMILY RATE (Family rate for 2 parents and children 16 years and under)

NAME:..... D.O. B.

NAME:..... D.O. B.

NAME:..... D.O. B.

SIGNATURE: DATE :.....

Fees : Seniors (16 yrs and over) \$40 Junior \$30(16 yrs) and under Family \$70.

Contacts: President – Sandra Armstrong 02 6964 1176 **Secretary:** Peter Cambrell 02 6964 2100
Treasurer: Kylie Zanesco 02 6962 5029 **Publicity Officer:** Mat Perlowski 02 6964 1010