



Griffith Motorcycle Sports Club Inc.

MEMBERSHIP RENEWAL

P.O. Box 2124, Griffith NSW 2680



Name					
Postal Address					
Date of Birth			MA Lic No		
Telephone No	Home		Work		Fax
e-mail address					
Officials Licence	YES/NO	Level and Discipline			

ALL CORRESPONDANCE WILL BE SENT VIA EMAIL

OTHER FAMILY NAMES IF USING FAMILY RATE

(Family rate is for up to 2 parents and children 16 and under)

	D.O.B	M.A. License No:
Name:		
Name:		
Name:		
Name:		

Signature : _____ Date: _____

Fees : Adults \$40.00 (17 years and over), Junior \$30.00 (16 years& under) Family \$70.00

Questionnaire

1. Yearly Subscriptions	Too High	OK	Too Low
Yearly Memberships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Day Entries :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Day Fees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments :	_____		

2. Practice Day comments : _____

3. Classes	Too Many	OK	Not Enough
Comments :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you able to help out by supplying something we could raffle or know anyone willing to sponsor /advertise on our safety fence - cost \$500.00 per panel for two (2) years

5. Would you like someone to contact you regarding any of these matters Yes/No

Name : _____ Phone No: _____

Office Use Only		
Affiliation Certificate <input type="checkbox"/>	Membership Card <input type="checkbox"/>	Receipt <input type="checkbox"/>