

ALBANY VINTAGE & CLASSIC MOTORCYCLE CLUB INC.

MEMBERSHIP RENEWAL FORM

MEMBERSHIP NUMBER:

SURNAME:..... CHRISTIAN NAMES:.....

CLUB FEES Annual Subs: Single \$30.00 OR Family \$35.00 (Due 1st April each year)

Single membership \$30.00 _____ \$ _____.

Family Membership \$35.00 _____ \$ _____.

PARAPLEGIC BENEFIT FUND (PBF) Fees are \$15 per person. You must have family club membership to include partner in PBF (See notices in Club Magazine) New membership Starts 30th April.

PLEASE SEND A COPY OF THIS FORM TO SECRETARY. Mail or send photo to 0411 308 511 or email soakview@gmail.com

First Member _____ \$ _____.

(Name if applicable)

Second Member _____ \$ _____.

(Name if applicable)

TOTAL PAYMENT \$..... (Subs + PBF)

SIGNATURE:.....DATE:.....

PLEASE FORWARD TO:

Membership Secretary, Albany Vintage & Classic Motorcycle Club (Inc), P.O. Box 429, Albany 6331

OR DIRECT DEPOSIT:

BANKWEST BSB 306-001 Account 0357190 **NARRATION: Your name and membership number**

CHANGE OF ADDRESS or PHONE NUMBER?

ADDRESS:.....Post Code.....

TELEPHONE:..... Email _____

CONCESSIONAL LICENCE HOLDERS- please write the registration details of your concessional licences below. If insufficient room please attach a list.

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