



MEMBERSHIP RENEWAL / APPLICATION FORM

ITALIAN MOTORCYCLE CLUB OF TASMANIA

PLEASE COMPLETE AND SEND THIS FORM (WITH PAYMENT) TO:

Phil Page
27 Bourbon Avenue
RICHMOND TAS 7025

SINGLE MEMBERSHIP _____ \$30
FAMILY MEMBERSHIP _____ \$40

(Circle appropriate fee - please include payment with application)

Name: _____

Address: _____

Phone: (____) _____

e-mail: _____

NEWSLETTER: (____) via email (____) hard copy (only if no email)

List motorcycles currently owned:

YEAR	MAKE	MODEL

DECLARATION:

I hereby agree to abide by the Constitution of the Italian Motorcycle Club of Tasmania Incorporated. (Constitution available upon request from Club Secretary)

SIGNED _____

DATE _____