



VINTAGE MOTORCYCLE CLUB OF TASMANIA

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Phone (Home) _____ (Work) _____ (Mob) _____

Email: _____

Signature: _____ Date: _____

Proposed by (Must be a financial member): _____

The following information may be given but is not compulsory. Any information provided will be kept strictly confidential and not disclosed without the permission of the member.

What motorcycles do you own: _____

Do you have any manuals or literature that could be of assistance to other members?

Please return this form to VMCCT – PO Box 110, Lindisfarne Tas 7015 or by email to webmaster@vmcct.org.au

Fees:

\$20 for membership renewal or \$40 for new members (includes one off \$20 joining fee)

Paid by (Tick one option)

Direct Deposit - Commonwealth Bank – VMCCT – BSB 067103 - Account 28020781
(IMPORTANT NOTE: make sure you put your name as the description on the transfer)

Cheque or money order - Posted to above address.

Membership Secretary use only:

Membership Number: _____ Card Issued: _____

Receipt number: _____