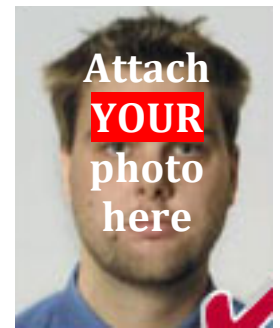




Membership Form

Triumph Riders Club Incorporated • ABN 69 096 505 263

www.triumph-riders-club.org.au



Surname: _____ First Name: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Mail Address: [if different to above] _____

_____ Postcode: _____

Phone Mobile: _____ Home: _____ Work: _____

Email Address[es]: _____

Bike: Model: _____ Year: _____ Registration: _____

Model: _____ Year: _____ Registration: _____

In Case of Emergency [ICE] I have *RoadID.com* *First Aid Qualification*

Contacts

Name: _____ Mobile: _____ Landline: _____

Name: _____ Mobile: _____ Landline: _____

Doctor: _____ Mobile: _____ Landline: _____

Please indicate any allergies [eg bee stings] _____

Membership Required: NEW RENEWAL INFORMATION UPDATE

Joining fee for ALL new members: \$25

Full: \$30 per year Associate: \$20 per year

The membership year is from 01 July to 30 June of the following year

This form can be posted to the address below OR handed to a Club Committee Member.

PLEASE INCLUDE PAYMENT WITH THIS FORM.

If for any reason your application is rejected you will receive a full refund of your payment.

Your Membership is subject to the Constitution of the Triumph Riders Club Incorporated,
a copy of which may be obtained from the Secretary.

The above information will only be used by the Triumph Riders Club Incorporated to keep you informed of relevant products and information, and for your safety and wellbeing. This may require the passing the information contained onto third parties. Please indicate your acceptance.

ICE Information ONLY [if required] Full Contact Details for receiving information

Applicant Signature: _____ Date: _____

Proposer Membership number: _____ Signature: _____

Membership Officer, Triumph Riders Club Inc, PO Box 598, GLENELG SA 5045
Contact: 0414 762 525 or www.triumph-riders-club.org.au