

QMCC Membership Form

Name _____
Address _____

Postcode _____

Home Tele No _____

Mobile No _____

Email Address _____

Make / Model of Bike _____

Single Membership *(annual single membership £15-00)* £ _____

Couples Membership *(annual couples membership £25-00)* £ _____

Partners Name _____

Make / Model of Bike _____

Do you require any of the following

T-Shirt (type) _____

Size _____

Colour _____

Club Badge/Patch _____

Disclaimer

I/we agree to observe QMCC rules. I am/we are also aware that I am/we are responsible for my/our own actions and safety during any events that are held or attended by QMCC, including any travelling to and from the events. QMCC therefore accept no liability or responsibility.

Signed _____

Date _____

Signed _____

Date _____