



**EAST RAND HARLEY - DAVIDSON**



27 Great North Road, Rietpan, Benoni, 1501

eastrandharleydavidson@gmail.com

**2010 MEMBERSHIP APPLICATION FORM**

**APPLICANT'S DETAILS:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

BLOOD GROUP: \_\_\_\_\_

MOTORCYCLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

I \_\_\_\_\_ hereby apply for membership of the East Rand Harley Davidson Motorcycle Club as a: -

MEMBERSHIP  R500.00

I am in possession of a motorcycle license Yes/No

I have insurance cover for public and personal liability Yes/No

I agree to abide by the rules of the Club Constitution, and accept full responsibility and liability when riding as a club member.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

ON ACCEPTANCE AS MEMBER, PLEASE DEPOSIT MEMBERSHIP FEE DIRECTLY INTO THE CLUB ACCOUNT (DETAILS ABOVE)

**NOMINATED BY:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

**SECONDED BY:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

(MUST BE A FULLY PAID UP MEMBER OF EAST RAND HARLEY DAVIDSON MCC)

**OBJECTED BY:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

**APPROVED BY COMMITTEE:**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

\*\*\*\*\* (APPROVAL GRANTED WITH MAJORITY VOTE BY ATTENDING COMMITTEE)

| <b><u>BANK ACCOUNT DETAILS</u></b> |                           |
|------------------------------------|---------------------------|
| ACCOUNT NAME:                      | EAST RAND HARLEY DAVIDSON |
| BANK:                              | ABSA                      |
| ACCOUNT NUMBER:                    | 9100012481                |