




# Membership Application and Renewal Form v4

\* Required Information

Date of Application *	____ / ____ / ____ (dd/mm/yyyy)
Type of Membership *	<input type="checkbox"/> New Membership <input type="checkbox"/> Renew Existing Membership → Membership Number _____ (4 digits)
Title *	_____ (ie Mr, Mrs, Miss, Ms, Dr, Prof)
Name *	_____
Address *	Street _____ Suburb _____ State _____ Postcode _____
Contact Details	Phone (____) _____ Mobile _____
Email Address	_____
Date of Birth *	____ / ____ / ____ (dd/mm/yyyy)
Occupation	_____
Blood Donor	<input type="checkbox"/> Yes, I am a blood donor <input type="checkbox"/> No, I am unable to <input type="checkbox"/> No, I am not interested <input type="checkbox"/> I'd rather not say <input type="checkbox"/> No, but please send me more information
Membership * (Conc = concession)	1 Year <input type="checkbox"/> \$25 Individual <input type="checkbox"/> \$35 Family <input type="checkbox"/> \$21 Ind Conc <input type="checkbox"/> \$29 Fam Conc 2 Years <input type="checkbox"/> \$48 Individual <input type="checkbox"/> \$67 Family <input type="checkbox"/> \$40 Ind Conc <input type="checkbox"/> \$55 Fam Conc 3 Years <input type="checkbox"/> \$72 Individual <input type="checkbox"/> \$99 Family <input type="checkbox"/> \$60 Ind Conc <input type="checkbox"/> \$83 Fam Conc
Name on Card	Name on First Card _____ (if different to above) Name on Second Card _____ (only for family membership)
Email Lists	<input type="checkbox"/> SAMRATS Upcoming Rides <input type="checkbox"/> SCOOTER Upcoming Rides
What do you ride	<input type="checkbox"/> Motorcycle <input type="checkbox"/> Sidecar <input type="checkbox"/> Scooter <input type="checkbox"/> Trike
Other Clubs	Are you involved in or with any other motorcycle-related clubs, groups or organizations? _____
Skills	What unique skills do you have that could help the MRA if needed? _____
Payment Details *	<input type="checkbox"/> Cheque      Send cheque to address below <input type="checkbox"/> Money Order    Send money order to address below <input type="checkbox"/> EFT <b>BSB</b> 105-116 <b>Acct</b> 0367 83040 (put your name in comments) <input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard Card Number _____ Expiry Date ____ / ____ Name on Card _____
Cards Accepted 	
Terms and Conditions	By completing this form, you agree to abide by the Articles, Rules and Constitution of the MRASA. New membership subject to Committee approval. Money orders & cheques must be cleared by the MRASA before memberships can be processed.
Signature *	<b>X</b> _____

Send completed form to MRASA Inc. GPO Box 1895, Adelaide, SA 5001. The MRASA will keep all member details strictly confidential. A copy of the constitution is available from the website or the secretary.

*Let those who Ride Decide!*