



MEMBERSHIP FORM

It is necessary to have an e-mail address in order to receive and send correspondence.

First Name: _____

Surname: _____

Mailing Address 1: _____

Address 2: _____

Location: _____

Zip Code: _____

Date of Birth (DD/MM/YYYY): _____

Blood Group: _____

T-Shirt Size: S-38" M-40" L-42" XL-44"

XXL-46" XXXL-48"

Phone Number: _____

Mobile Number: _____

E-mail ID: _____

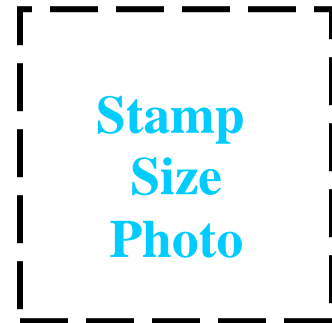
Male / Female: _____

Motorcycle Reg. No. / Year: _____

Motorcycle Make & CC: _____

Registration Certificate Expiry Date: _____

Driving License No: _____



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Driving License Expiry Date: _____

Tax Token Expiry Date: _____

Profession / Occupation (Business/Service): _____

Company Name: _____

Designation: _____

Dealing in: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergic to Medicines if any: _____

Other Hobbies: _____

I HAVE READ, UNDERSTOOD AND AGREED TO THE ATTACHED TERMS AND CONDITIONS PROVIDED.

Signature

Full Name

Date:

Disclaimer: Members joining / willing to join are doing the same at their own risk. The club or its moderators are not responsible for the safety of the members or their bikes.