

Please print full names of all adults and children covered by this membership.

Name/s

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Address

Street..... Suburb..... Postcode.....

Mobile..... Home phone.....

Email: Please print in UPPERCASE

[illegible]

Subscriptions	single		Family (2 adults and 2 children)	
12 months	\$60.00		\$110.00	
9 months (September to December)*	\$45.00		\$80.00	
6 months (January to March)*	\$30.00		\$55.00	
3 months (April to July)*	\$20.00		\$35.00	
Joining fee (new members only)	\$5.00		\$5.00	
Total				

* Please note that subscriptions are due on 1 July and are charged pro rata for the remainder of the club year.

I apply to become a member of Bayside Bicycle Touring Club Inc. I support the purposes of the organisation and agree to comply with the rules of the club.

SIGNED _____ **DATE** / /201

*Please make cheque payable to: Bayside Bicycle Touring Club Inc. **Please** no cash through mail.*

membership secretary use only		
Receipt number _____		
New member approval		
Moved	Seconded	Voting approval Date