



Baulkham Hills Junior Motorcycle Training Club

85-101 Redmayne Road, HORSLEY PARK NSW
 PO Box 3274 ROUSE HILL NSW 2155
 www.bhjmtc.com.au
 Contact: 0421 840 930 or E: secretary@bhjmtc.com.au
 Bank Details
 Acct Name - Baulkham Hills Junior Motorcycle Training Club Inc
 BSB - 082 133
 Acct Number - 039341531

2016 MEMBERSHIP APPLICATION FORM

Contact Name: _____
 Mobile No: _____
 Email: _____
 Emergency Contact Name: _____ Phone No: _____

| Membership Please circle | Office Use PAID |
|-----------------------------|--------------------|
| Single \$50 | |
| Family \$60 | |

The Emergency Contact details are **mandatory** for members over 18 years of age.

I/We hereby apply for membership to BAULKHAM HILLS JUNIOR MOTORCYCLE TRAINING CLUB Inc.

I/We agree to be bound at all times by the Constitution and Rules and By-Laws of the Club, and agree to pay a fee of \$50.00 single membership or a fee of \$60.00 family membership. (Family membership as per family medicare card).

RIDERS COVERED BY THIS MEMBERSHIP

| RIDERS NAME | D.O.B. | BHJMTc Rider No | MA LICENCE NUMBER | MA LICENCE DATE | OFFICE USE ONLY AFFILIATION No |
|-------------|--------|-----------------|-------------------|-----------------|--------------------------------|
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INDEMNITY

IN CONSIDERATION OF THE BAULKHAM HILLS JNR MOTORCYCLE TRAINING CLUB, INC. permitting me/us to use the facilities provided by the Club for motorcycle riding by way of permissive occupancy from associated **Clubs** or on any other land legally used by the Club.

WE HEREBY for myself/ourselves and my/our child/children **AGREE AND DECLARE** that my/our child's/children's use of such facilities shall be on the following conditions:

- That the Club shall not be responsible for any injury suffered by me/us or my/our child/children in using the facilities and we accept full responsibility for my/our own safety and that of my/our children.
- I/We** indemnify the **BAULKHAM HILLS JUNIOR MOTORCYCLE TRAINING CLUB INC., its OFFICIALS, MEMBERS, ELIGIBLE VOTERS**, from all claims, as a result of any injury suffered by me/us or my/our children in using the above mentioned facilities.
- With my child/children being a financial member/members, **I/We** agree to participate in assisting the runnings of **BAULKHAM HILLS JUNIOR MOTORCYCLE TRAINING CLUB INC.**

 Print Name (Parent/Guardian)

 Signature

 Date