



# West Cork Motorcycle Club

## Application for Membership

Please use Block Capitals

Membership Type:      New       Renewal       (Please select one)  
Adult       Family       (Please select one)

Note: If membership type above is "Renewal" just enter your name below and if applicable any changes to your address/telephone number etc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Family Member Details:	Name	Telephone No.
	_____	_____
	_____	_____
	_____	_____

I apply to become a member of the West Cork Motorcycle Club Ltd.  
I confirm that if accepted by said company, as a member I shall be bound by the memorandum and articles of said company and the rules and regulations passed by the board of directors.  
I understand that it is entirely within the discretion of the board of directors as to whether or not my application for membership is granted.

Proposed By: \_\_\_\_\_

Seconded By: \_\_\_\_\_

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