



Membership Form

Triumph Riders Motorcycle Club Inc.
www.triumphridersmc.co.nz



First Name: _____ Surname: _____ DoB: _____

Residential Address: _____

Suburb: _____ City: _____ Postcode: _____

Mail Address: [if different to above]

Postcode: _____

Phone Mobile: _____ Home: _____ Work: _____

Email Address[es]: _____

Bike: Model: _____ Year: _____ Registration: _____

Model: _____ Year: _____ Registration: _____

Membership Application: (Full membership is available to Triumph owners/riders only, associate membership is only available to BEARS by invitation)

New \$35, Renewal \$24, Associate \$24 Nominated by: _____ No. _____

Joining fee for ALL new members:

PLEASE INCLUDE PAYMENT WITH THIS FORM.

If for any reason your application is rejected, you will receive a full refund of your payment.

The above information will be used by the Triumph Riders Motorcycle Club to keep you informed of relevant products, events and information, and for your safety and wellbeing. Your acceptance will also include your name etc in a members list.

I approve of my information being made available to other members. Yes / No (Delete one)

Applicant Signature: _____ Date: _____

If accepted as a member I agree to abide by the registered constitution of the club at all times when involved in club activity.

In Case of Emergency: Contact Person _____ Ph _____

Post with payment to: Membership Secretary TRMC, 14 Parsons Ave, Levin

For Office Use Only

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