

## CMA of Australia (Tas) Membership Renewal Form

**Period of Membership**

Please complete, tick, or circle appropriate response where required  
 1/07/2011 to 30/06/2012

**Primary Member's Name / Contact 1 Information - Whom we will address mail / enquiries to.**

Surname : First Name 1 :

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile 1A \_\_\_\_\_ Work \_\_\_\_\_

Email Address for Notices 1B \_\_\_\_\_

CMA will use 1B email address instead of Normal Post. Please indicate if you require normal mail ? YES / NO  
 Date of Birth of Primary Member. \_\_\_\_\_

**Membership Level requested** **Associate / FULL - renewal from last year**

Membership required Single / Family ( Please circle )

If Family please advise Name and Membership level desired.

Surname	First Name 2			Associate or Full	Date of Birth
Surname	First Name 3				
Surname	First Name 4				
Surname	First Name 5				

Anticipated Participation Level  
 I/we are willing to assist as follows ( please tick box )

- Attend Quarterly Meetings and AGM
- Assist with Social Functions
- Assist / Organise one ride per year as :
  - Ride Leader
  - Tail End Charlie
  - Planner / Co-ordinator
  - Any / all of the above if asked
  - with sufficient warning time

**Motorcycle Details**

Make : \_\_\_\_\_

Engine Capacity \_\_\_\_\_

Registration No: \_\_\_\_\_

Year of Manufacture \_\_\_\_\_

Comms fitted ? \_\_\_\_\_

Are you prepared to take a pillion if asked ? YES / NO

- Full Membership options ( all of the above )
- Stand for Office
- Hold Non Elected Officer position
- ( if requested / appointed by the President )

If you wish please indicate if you are a member of any other Motorcycling Club.

If a ride is cancelled due to inclement weather a text will be sent out to your Mobile 1A.  
 If you wish to have this sent to another number - please list here -

**Renewal Fees for 2011/12**

Individual - Associate	\$ 25.00	Individual - Full Member	\$ 30.00
Family - Associates	\$ 40.00	Family - Full Members	\$ 45.00

Cheque / Cash enclosed (Initial Full Membership requires signing Statement of Faith )

I DO / NOT give permission for my contact 1 details above to be forwarded to any member of CMA  
 who requests that contact information - information bordered above ONLY

( please cross out NOT if you permit your contact details to be forwarded to other members)

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

Please forward form with Payment to PO Box 33E, Devonport, TAS 7310