

CHRISTIAN MOTORCYCLISTS ASSOCIATION (TAS)
ASSOCIATE Membership Application Form

Membership fees per financial year July—June (Payable from July 1st each year)

Single Membership - \$25.00

Family Membership - \$40.00

Personal Contact Information

Full Name: _____

Address: _____

Suburb: _____ P/Code: _____

Home Phone: () _____ Mobile: _____

E-mail: _____ Date of Birth: ____/____/____

Other Nominated Family Members (For Family Membership only)

Church Membership/Affiliation: _____

CMA Member Sponsor: _____ Ph: () _____

1) Referee: _____ Ph: () _____
Address: _____ Email: _____

2) Referee: _____ Ph: () _____
Address: _____ Email: _____

Other Motorcycle Clubs: _____

- I/we apply for Associate membership of the Christian Motorcyclists Association (Tas) and will provide an initial Police Check Record if requested.
 - I/we give my/our consent for my/our personal contact information to be supplied to other CMA members and Associates upon request.
 - I/we have enclosed a cheque / money order for my/our membership.
 - Associate membership is renewable each year at the discretion of the Executive Committee.
- I/we also acknowledge that as an Associate member(s) I/we will be ineligible to hold office or vote in elections for Officers of the CMA, according to the constitution. I/we agree to participate in CMA activities in accordance with the objectives encompassed in the Associations Mission Statement.
- I/we agree that the CMA (Tas) may reject any application for membership without further explanation and that Associate membership is not automatically accepted. Membership application monies will be returned in such a case

Signed: _____

Date: ____/____/____

Please post Application Form with the appropriate fee to:

CMA (Tas)
P.O. Box 33E
Devonport TAS 7310