

**CHRISTIAN MOTORCYCLISTS ASSOCIATION (TAS)
ASSOCIATE Membership Application Form**

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

Single Membership - \$15.00 Family Membership - \$25.00 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 according to the constitution as an Associate member(s) I/we will be ineligible to hold office or vote in elections for Officers of the CMA.
- 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) 115 Little Village Lane
Somerset 7322