



DYKES ON BIKES

INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT 2009

FULL MEMBERSHIP APPLICATION

FORM 2012

DYKES ON BIKES, PO BOX 634, NEWTOWN NSW 2042

I,
(full name of applicant)

Of
(address)

.....
(occupation)

Hereby apply to become a member of the above named incorporated associations, in the vent of my admission as a member, I agree to be bound by the constitutions of the association for the time being in force.

.....
(signature of applicant) (date)

I,
.....
(FULL NAME OF MEMBER)

A MEMBER OF THE ASSOCIATION, NOMINATE THE APPLICANT FOR MEMBERSHIP OF THE ASSOCIATION.

.....
.....
(SIGNATURE OF PROPOSER) (DATE)

I,
.....
(FULL NAME OF MEMBER)

A MEMBER OF THE ASSOCIATIONS, SECOND THE NOMINATION OF THE APPLICANT FOR MEMBERSHIP OF THE ASSOCIATION.

.....
.....
(SIGNATURE OF SECONDER) (DATE)



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MEMBER DETAILS

TELEPHONE: _____ MOBILE: _____

E-MAIL: _____
(NEWSLETTERS, INFORMATION AND UPDATES WILL BE SENT BY EMAIL UNLESS YOU SPECIFICALLY REQUEST OTHERWISE)

POSTAL ADDRESS:
.....

BIKE: MAKE/MODEL/SIZE _____ LICENCE NO: _____

STATE ISSUED: _____ LICENCE TYPE: _____ EXP DATE: _____

COMPLETE THE FOLLOWING DISCLAIMER AND FORWARD TO THE ADDRESS ABOVE, OR HAND TO A COMMITTEE MEMBER.

DISCLAIMER OF LIABILITY

DYKES ON BIKES SHALL NOT BE LIABLE FOR INJURY OR DEATH CAUSED BETWEEN MEMBERS, LOSS OR DAMAGE TO PROPERTY AND GOODS OF MEMBERS, NON-MEMBERS AND THIRD PARTIES, WHILE ANY MEMBER OR NON-MEMBER PARTAKES IN ANY OUTSIDE/INSIDE EVENT ORGANISED BY DYKES ON BIKES.

INDEMNITY

I, THE UNDERSIGNED, HEREBY INDEMNIFY DYKES ON BIKES AND ANY COMMITTEE MEMBER OR MEMBER FROM TIME TO TIME OF DYKES ON BIKES AGAINST ANY CLAIMS, DEMANDS AND/OR ACTIONS MADE AGAINST DYKES ON BIKES OR ANY COMMITTEE MEMBER OR MEMBERS OF DYKES ON BIKES WHILE I AM A FINANCIAL MEMBER OF DYKES ON BIKES AND AT ANY TIME THEREAFTER, FOR INJURY, DEATH AND/OR DAMAGE ARISING FROM ANY OUTSIDE/INSIDE EVENT ORGANISED BY DYKES ON BIKES.

I, THE UNDERSIGNED, AS A MEMBER OF DYKES ON BIKES FULLY UNDERSTAND THE NATURE AND EFFECT OF THIS DISCLAIMER AND AGREE TO SIGN THE INDEMNITY.

NAME: (PRINT) _____

SIGNATURE: _____

DO YOU GIVE PERMISSION FOR YOUR IMAGE / PHOTOGRAPH, TO BE USED IN DOB PUBLICATIONS / WEBSITE?

YES / NO IF YES PLEASE SIGN HERE _____ / /

ADMINISTRATION USE ONLY

MEMBERSHIP NUMBER: _____ RECEIPT NUMBER: _____

COLOUR PREFERENCES (1ST & 2ND):

NAME OF PILLION: _____