



MRA ACT

Motorcycle Riders Association
of the Australian Capital Territory Inc

Membership Application Form

1 Year Single Membership - \$20.00 Family Membership - \$30.00
3 Year Single Membership - \$50.00 Family Membership - \$80.00
Associate Membership - \$15.00 (1 year)

All memberships expire on the 30th of June in the relevant year.

Members Details:

Given Name/s _____ Family Name _____

Address:

Line 1 _____

Line 2 _____

Suburb _____ Postcode _____

Contact Details:

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Mobile _____ Fax : (____) _____ - _____

E-mail address: _____

Renewal: **Yes** Membership number _____

No Type of membership Full Family Associate
(please circle your choice)

Signature _____ Date ____ / ____ / 20____

Family Membership Details:

Name of 2nd member _____ Rider: YES/NO

Name of 3rd member _____ Rider: YES/NO

Name of 4th member _____ Rider: YES/NO

MRA ACT Inc
GPO Box 1768
CANBERRA 2601

EFT Details for Membership payments
Please use your surname in the reference

Community CPS
BSB 805-022
A/c # 03408647