



Ulysses Club Inc.

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ARBN 116 090 101

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Web: www.ulyssesclub.org

REBATE CLAIMS FORM (Rider Training / First Aid)

To the Ulysses Club Inc. National Administration Office:

I, _____ Membership # _____ completed a certified **First Aid Course** and/or **Rider Training Course** for motorcyclists, conducted by the Certified Training Organisation _____.

Please find a receipt for \$_____ being the full cost of this course and a copy of the completion certificate.


As a financial member of the Ulysses Club Inc. I wish to claim the applicable rebate for this course.

Payments will only be made by
Direct Credit to bank account

My details are as follows:

Banking Institute: _____
BSB: _____
Account Number: _____
Account Name: _____

Before you send please check the following items have been included:

REQUIREMENT	TICK 
Name	
Membership #	
Receipt of payment in your name	
Completion Certificate	

Please Post, Fax or Email to the details at top of page.

**** Please note rebates are not automated. The administration team process rebates every 4-6 weeks but this process may take longer in the busy periods****

