



KAWASAKI Z OWNERS CLUB QLD. Inc.
2-4 Mt Vista Place, Tamborine QLD 4270

MEMBERSHIP APPLICATION

NEW / RENEWAL

NEW MEMBERS THIS DOES NOT MEAN AUTOMATIC APPROVAL.
YOU MUST ATTEND 3 MEETINGS. YOU MUST BE NOMINATED BY 2 CURRENT CLUB MEMBERS.
FINAL APPROVAL BY THE COMMITTEE.

TYPE OF MEMBERSHIP: FULL FAMILY

Name.....Date / /

Address.....

..... P/Code.....

Preferred Contact Number:.....Club Shirt size:.....

Email Address:.....

Type of bike/s:.....

New Member nominated by:.....

New Member seconded by:.....

CONTACT PERSON IN CASE OF EMERGENCY.

Name:.....

Contact Number:.....

Do you agree to having your name, phone number and type of bike circulated to other members of the club? YES NO

Do you agree to abide by the rules and constitution of the Kawasaki **Z Owners** Club of Queensland Inc. YES NO

Signed by: Applicant:.....

Club Secretary:.....

Club Committee Member:.....

Date: / /

Membership Number.....