



Vincent H.R.D Owners Club Tasmanian Section

MEMBERSHIP APPLICATION

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Phone (Home) _____ (Work) _____ (Mob) _____

Email: _____

Signature: _____ Date: _____

The following information may be given but is not compulsory. Any information provided will be kept strictly confidential and not disclosed without the permission of the member.

What motorcycles do you own: _____

Please return this form by mail to VOCT membership officer, 1 Glebe Road,
New Norfolk, Tas, 7140 – or by email to secretary@voct.info

Fees: \$50 for Single membership
 \$70 for Family membership
 Additional \$25 Joining fee (one off payment for new members)

Please pay by Direct Deposit:

Commonwealth Bank – VOCT – BSB 067 000 - Account 11068390

(IMPORTANT NOTE: make sure you put your name as the description on the transfer)

Membership Secretary use only:

Membership Number: _____ Card Issued: _____

Receipt number: _____