



SHEARWATERS BRANCH - MEMBERSHIP APPLICATION

DATE:

RECEIPT NO:

PLEASE NOTE: You will need to become a Ulysses Member before you can join the Shearwaters Branch. Once you have your Ulysses number and filled this form in please return to the Membership Secretary, **Genele Edgerton** at our monthly meetings which are held at **Tooradin Sports Club** on **2nd Wednesday** of each month

First Name:

Surname:

Wife/Partner Name:

Address: P/Code

Home Phone:

Mobile No:

Quarterly Newsletter: Would you prefer to receive by email or post, please tick box below

Email

Post

Email Address:

Ulysses Number: Expiry Date:

Make and Model of Motorcycle

Drivers Licence No: STATE:

Are you happy for your details to be given to other Ulysses members if requested:

YES

NO